

Case Number:	CM14-0117667		
Date Assigned:	08/06/2014	Date of Injury:	02/20/2013
Decision Date:	10/15/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/28/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 65-year-old female with a date of injury of 2/20/13. The mechanism of injury was not noted. The patient had right wrist carpal tunnel release and DeQuervain's release on 4/24/14. She has completed 6 post-operative physical therapy sessions to date. On 6/13/14, she complained of right wrist swollen and throbbing pain in the right palm. She felt that she did not get enough therapy for her wrist after surgery that is why there was pain on this date. On exam the right wrist had restricted range of motion. The plan was to request for additional physical therapy to help increase strength and decrease pain. She was to also continue home exercise program. The diagnostic impression is cervical and lumbar spine sprain/strain with bilateral upper extremity radiculopathy, bilateral shoulder sprain/strain impingement, and bilateral wrist tendinosis and bilateral carpal tunnel syndrome with positive nerve conduction study performed on 5/17/13. Treatment to date includes cervical epidural steroid injection (ESI), carpal tunnel release and De Quervain's release 4/24/14, physical therapy, and medication management. A UR decision dated 7/16/14 modified the request for physical therapy 3x4 for the right wrist to physical therapy 2 sessions for the right wrist. The patient had carpal tunnel release on her right wrist on 4/24/14. She has had 6 post-operative physical therapy sessions completed to date. Guidelines recommend 8 total post-operative physical therapy sessions for carpal tunnel release for the wrist to ensure the patient's safe transition to a self-directed home exercise program. The 6/13/14 records did not provide a medical rationale nor document physical examination findings that would support therapy on an outlier basis to California MTUS recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy three times a week for four weeks for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The California MTUS guideline recommendation for post-operative carpal tunnel syndrome (CTS) is 3-8 visits over 3-5 weeks. There is limited evidence demonstrating the effectiveness of physical therapy for CTS. The evidence may justify 3-8 visits over 3-5 weeks after surgery. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Continued visits should be contingent on documentation of objective improvement, and long-term resolution of symptoms. Therapy should include education in a home program, work discussion and suggestions for modifications, lifestyle changes, and setting realistic expectations. However, the patient had completed 6 post-operative physical therapy sessions to date. Guidelines recommend 3-8 sessions over 3-5 weeks for post-operative CTS. With the additional 12 sessions requested, this would be a total of 18 sessions, which exceed guideline recommendations. The UR modified the request for 2 additional sessions due to the patient complaints and concerns on 6/17/14. Therefore, the request for physical therapy three times a week for four weeks for the right wrist is not medically necessary.