

Case Number:	CM14-0125237		
Date Assigned:	08/11/2014	Date of Injury:	10/22/2005
Decision Date:	10/17/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/07/2014

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:

The patient is a 63-year-old female who has submitted a claim for status post carpal tunnel release, lesion of ulnar nerve, and medial epicondylitis associated with an industrial injury date of 10/22/2005. Medical records from 1/13/14 up to 9/26/14 were reviewed showing status post left carpal tunnel release on 5/14/14. Patient has noted difficulty with raising the left arm secondary to pain rated at 4-5/10 in severity. Patient has had 65-70% improvement with post-op physical therapy (PT). Physical examination showed sensation on left hand is intact. Incision is clean and dry with no evidence of infection. Treatment to date has included carpal tunnel release, physical therapy, and Norco. The utilization review from 7/9/14 denied the request for additional post-operative physical therapy, three times a week for three weeks, for the left wrist. The patient is noted to be status post left carpal tunnel release on 5/14/2014 and has attended 9 post-operative PT visits to date. There was no documentation of exceptional indications for therapy extension and reasons why a prescribed home exercise program (HEP) would be insufficient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy, three times a week for three weeks, for the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As stated in the California MTUS Postsurgical Treatment Guidelines, Carpal Tunnel Syndrome section, there is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3-5 visits over 4 weeks after surgery, up to a maximum of 3 months. In this case, the patient underwent left carpal tunnel release on 5/14/14. She has attended 9 physical therapy sessions since then, with noted functional improvement of 65-70%. At this point, the patient should be started on an independent HEP (home exercise program). There is no indication as to why the 9 previous visits and an HEP would be insufficient. Therefore, the request for additional post-operative physical therapy, three times a week for three weeks, for the left wrist is not medically necessary.