

Case Number:	CM14-0126340		
Date Assigned:	09/16/2014	Date of Injury:	01/04/2013
Decision Date:	11/13/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/08/2014

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 Orthopedic Surgery 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 52-year-old male who sustained a vocational injury on 01/04/13. The claimant has been authorized to undergo left shoulder arthroscopy with debridement, subacromial decompression, Mumford procedure, and left carpal tunnel release. This review is for a request for postoperative physical therapy and a cockup splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Physical Therapy 2 times a week for 6 weeks to 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: California Postsurgical Rehabilitative Guidelines recommend from three to eight visits of physical therapy for up to three months following carpal tunnel release. The current request for twelve sessions of physical therapy for the left wrist following carpal tunnel release exceeds the Postsurgical Guidelines. There is no documentation that this claimant would be an exception to the standard recommended therapy. Subsequently, the request for twelve sessions of postoperative physical therapy for the left wrist cannot be considered medically necessary.

Post-op cock up splint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2941580/>, Curr Rev Musculoskelet Med. Oct 2010; 3(1-4): 11-17

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264; 265-266. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Carpal Tunnel Chapter: Splinting

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for postoperative use of a cockup splint is not recommended as medically necessary. The Official Disability Guidelines document that there are two prospective randomized studies that show there is no benefit from postoperative splinting after carpal tunnel release when compared to use of a bulky dressing alone. In fact, splinting the wrist beyond 48 hours following carpal tunnel surgery may be largely detrimental, especially compared to a home physical therapy program. Based on the documentation presented for review and in accordance with California ACOEM and Official Disability Guidelines, the request for the postoperative carpal tunnel splint cannot be considered medically necessary.