

Case Number:	CM14-0128685		
Date Assigned:	09/16/2014	Date of Injury:	06/03/2013
Decision Date:	10/30/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/11/2014

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 injured worker is a 50 year old right hand dominant female with a history of insidious onset of carpal tunnel and cubital tunnel symptoms on 06/03/2013. On 09/24/2013 EMG and Nerve Conduction Studies were normal. The May 12, 2014 notes document symptom magnification with tenderness every place she was touched.. A repeat Electromyogram (EMG) and Nerve Conduction Velocity (NCV) Studies of 06/13/2014 was said to reveal carpal tunnel syndrome but according to the notes the distal motor latency of the right median nerve was 3.80 msec and the sensory latency was 2.24 msec both of which are normal. Electromyogram (EMG) did not reveal any evidence of denervation. The right ulnar conduction velocity above the elbow was 56 m/sec and below the elbow 52 m/sec but the conduction velocity across the cubital tunnel is not documented. The disputed issue is post-operative physical therapy request of two times a week for six weeks for the right wrist and right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Therapy 2x wk x 6 weeks (12) to Right Wrist, Right Elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260, 261, AND 262; 37, Postsurgical Treatment Guidelines Page(s): 11, 15, 16.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) guidelines indicate limited evidence demonstrating the effectiveness of physical therapy and occupational therapy for Carpal Tunnel Syndrome. The evidence may justify 3 to 5 visits over 4 weeks after surgery up to a maximum of 3-8 visits over 3-5 weeks. The initial course of therapy means one half the number of these visits. If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. Benefits need to be documented after the first week and prolonged therapy visits are not supported. Therefore the requested treatment exceeds the guidelines and is not medically necessary. For cubital tunnel release the initial course of therapy is 10 visits over 6 weeks. The requested 12 visits exceeds this guideline as well. Therefore the requested treatment is not medically necessary.