

Case Number:	CM14-0149883		
Date Assigned:	09/18/2014	Date of Injury:	01/14/2014
Decision Date:	11/05/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/15/2014

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 Physical Medicine and Rehabilitation, 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 51-year-old female with a reported injury on 01/01/2014. The mechanism of injury was continuous trauma. The injured worker's diagnoses included bilateral carpal tunnel syndrome, de Quervain's tenosynovitis, and osteoarthritis of the bilateral first carpometacarpal joints. The injured worker's previous treatments included medications, modified duty, thumb and wrist splints, physical therapy, occupational therapy, and home exercise program. The injured worker's diagnostic studies included an EMG/NCV which was undated but was reviewed in a clinic note dated 04/15/2014. The electrodiagnostic study was consistent with severe right and mild left carpal tunnel syndrome. The injured worker's surgical history included a right carpal tunnel release on 06/26/2014. The injured worker was evaluated on 08/21/2014 for complaints of bilateral wrist pain, right greater than left with hand numbness and tingling. The injured worker reported she had some improvement with pain and mobility of the right wrist with decreased numbness and tingling. She had some improvement with pain and numbness and tingling over the left wrist and hand. The injured worker had completed 5 of 6 sessions of physical therapy. She rated her pain as 1/10 increased with forceful gripping and lifting or repetitive keyboarding. The clinician observed and reported muscle atrophy in the thenar muscles on the right hand and right wrist surgical incision healed with scar. There was mild swelling, no erythema, no induration, and no drainage. Range of motion of the wrist and hand was good. Left wrist range of motion was full. There was positive tender wrist snuffbox, swelling, ecchymosis, and effusion. Muscle strength was measured at 5/5 in the bilateral upper extremities. Tinel's, Phalen's and wrist compression tests were all negative. Deep tendon reflexes of the upper extremities were 2. The clinician's treatment plan included Mederma topical gel, 6 more visits of physical therapy over 3 to 5 weeks, and return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for wrists QTY: 6: Upheld

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

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

Decision rationale: The request for physical therapy for wrists, quantity 6, is not medically necessary. The injured worker continued to complain of bilateral wrist pain, right greater than left with hand numbness and tingling. She was status post right carpal tunnel release surgery on 06/26/2014. The California MTUS Postsurgical Treatment Guidelines state that there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. Furthermore, carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery. Postsurgery, a home therapy program is superior to extended splinting. Continued visits should be contingent on documentation of objective improvement and long term resolution of symptoms. Therapy should include education in a home program. Postsurgical treatment for carpal tunnel release is 3 to 8 visits over 3 to 5 weeks with postoperative period ending after 3 months. The request for 6 visits would exceed the guideline recommendations. Range of motion was described as good. Neurovascular status was intact. Motor strength was measured 5/5. The provided documentation did not include any functional deficits to be improved with physical therapy. Therefore, the request for physical therapy for wrists, quantity 6, is not medically necessary.