

Case Number:	CM14-0164845		
Date Assigned:	10/09/2014	Date of Injury:	02/03/2012
Decision Date:	11/04/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/07/2014

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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland, Virginia, and North Carolina. 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 42 year old female with a reported date of injury on 2/3/12 who had requested post-operative physical therapy x 8 of the right wrist after planned right carpal tunnel release. Progress report dated 8/25/14, is poorly legible but appears to document complaint of bilateral wrist pain with numbness and tingling right greater than left. The patient is interested in surgery, right side and then the left side. Examination notes bilateral wrist with positive Tinel's, positive Phalen's, 4/5 strength of the opponens pollicis and decreased sensory in the median nerve distribution. Cervical spine examination is provided but is poorly legible. Request is made for bilateral carpal tunnel release. The patient failed to respond to physical therapy (PT), chiropractor, bracing, meds and activity modification. Electrodiagnostic studies from 1/30/13 showed right mild to moderate carpal tunnel syndrome and left mild carpal tunnel syndrome. Request is made for bilateral upper extremity electrodiagnostic studies as well. Progress report dated 7/15/14, notes signs and symptoms of possible bilateral carpal tunnel syndrome. Recommendation is for the patient to consider right carpal tunnel release followed by left carpal tunnel release as recommended by AME. Agreed medical examination dated 12/20/13, notes she is a candidate for right carpal tunnel release and possible left carpal tunnel release based on previous electrodiagnostic studies and symptomatology. Initial orthopedic evaluation from 7/3/12 notes a diagnosis of suspected bilateral carpal tunnel syndrome, among other multiple diagnoses including bilateral upper extremity radiculitis. Utilization review dated 9/15/14, did not certify post-operative physical therapy for the right wrist, quantity 8. Right wrist carpal tunnel release with possible flexor tenosynovectomy and/or median neurolysis was not certified, as well as left wrist carpal tunnel release with possible flexor tenosynovectomy and/or median neurolysis, post-operative physical therapy, DME cold therapy unit purchase and electrodiagnostic studies. Reasoning given was the record did not clearly include a neck

physical exam and did not include a detailed upper extremity neurological exam. The record also did not include details of all conservative treatment given to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy for the right wrist, quantity 8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 15-16..

Decision rationale: The patient is a 42 year old female with signs and symptoms of possible bilateral carpal tunnel syndrome. Request was made for bilateral carpal tunnel release, postoperative physical therapy x 8 and bilateral upper extremity electrodiagnostics. These requests were denied. Relevant guidelines from Post-Surgical Treatment Guidelines Carpal tunnel syndrome, page(s) 15-16 are as follows: Physical therapy following carpal tunnel release is recommended as indicated below. 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 to 5 visits over 4 weeks after surgery, up to the maximums shown below. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. In addition from page 10, "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section. In addition, based on the above guidelines, 8 physical therapy visits would exceed the number of recommended visits within the initial course of therapy. Only 3-5 visits over the initial 4 weeks would satisfy these guidelines. As the surgery was non-certified, post-operative physical therapy of the right wrist is not be medically necessary.