MAXIMUS Federal Services

Case Number:	CM14-0184024		
Date Assigned:	11/10/2014	Date of Injury:	11/04/2013
Decision Date:	12/15/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/05/2014

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 44 year old female with a reported date of injury on11/4/13 who requested authorization for bilateral wrist occupational therapy 2 x 3. She had undergone right carpal tunnel release on 4/8/14 and left carpal tunnel release on 8/26/14. On 7/17/14, the patient had completed 12 physical therapy visits for her neck and bilateral hands following her right carpal tunnel release. She was instructed on a home exercise program and had residual functional deficits. Documentation from 8/ 14/14 noted the right hand with a normal exam. Documentation from 9/9/14 notes continued pain of the left hand following her carpal tunnel release. Medical management was planned, as well as a request for 12 sessions of post-operative physical therapy and pain management consult. Documentation from 9/11/14 notes a complaint of wrist and neck pain. Her pre-op carpal symptoms are improved. She has severe, burning pain in the left middle and ring finger. Examination of the right hand is similar to 8/14/14 exam and examination of the left hand notes that the patient cannot perform a complete fist. Thumb to small finger opposition is - 2 cm. She is noted to have increased neuropathic pain. NSAIDs were continued, as well as Lyrica and lidocaine ointment. Recommendation was made for MRI of the neck to evaluate for cervical radiculopathy, as her symptoms were not responding to activity modification, medication and physical therapy. The patient was encouraged to attend postoperative physical therapy. She is to continue left wrist splinting at night. Documentation from 9/16/14 notes continued pain of the left hand following her carpal tunnel release. Examination of the left wrist notes the wound is clean, dry and intact without signs of infection. Narcotics were continued. Request for 12 sessions of post-operative physical therapy and pain management consult was pending. RFA dated 9/16/14 notes request for 12 sessions of physical therapy following left carpal tunnel release. Documentation from 10/2/14 notes left hand that is unable to form a complete fist and thumb to small finger opposition is - 1 cm. Examination of the right hand

notes a normal exam. The patient is noted to have neuropathic pain and need to rule out cervical radiculopathy. The patient is noted to have ongoing right arm and wrist pain. Medical management, continued physical therapy, splinting and MRI were recommended. The patient may return to work. Physical therapy documentation from 10/14/14 notes the patient is better with gradual improvement in grasping. Hypersensitivity at the middle and ring finger limit function. Overall function is improving and recommendation is made for continued physical therapy. Plan was to decrease hypersensitivity, increase strength and independent to home exercise program. The patient had previously been prescribed a home exercise program. Documentation from 10/17/14 notes the patient had attended 4 occupational visits and had 2 remaining. Documentation from 10/23/14 notes the patient with continued neck and wrist problems. Her burning pain is improved. She is noted to have 4 pending physical therapy visits. Preop left carpal tunnel syndrome symptoms are improved. The right hand is still weak that affects her function with carrying items. The patient has pain in the bilateral hands. Examination notes a normal right hand exam and inability to form a complete fist on the left. The patient is able to oppose the thumb and small finger. Medical management, continued physical therapy, splinting and MRI were recommended. UR review dated 10/9/14 did not certify post-operative occupational therapy 2 x 3 to the bilateral wrists that had been requested on 10/3/14. Reasoning given was that 'The functional response to prior OT was not objectively documented. Of note, the patient is already beyond the post-operative period for the right wrist. There is no residual deficit in right wrist function. The total number of previously completed skilled therapy visits postoperatively was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Post-op occupational therapy 2 x 3 to the bilateral wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal Tunnel Syndrome Page(s): 15-16.

Decision rationale: The patient is a 44 year old female who had undergone left carpal tunnel release on 8/2614. She has complicating features of a previous right carpal tunnel release, possible cervical radiculopathy and post-operative neuropathic pain of the left hand. On the most recent physical therapy visit from 10/17/14 the patient is noted to have 2 further visits authorized. Overall, the patient has an improved functional status documented objectively and she has been undergoing a home exercise program. The patient is still within the overall treatment period of 3 months as outlined below and should be considered a candidate for further physical therapy. However, she is noted to have remaining visits authorized; thus, further physical therapy is not indicated until she has completed the current course. After this has been completed, this can be reconsidered as the patient does not have a typical clinical course related to routine carpal tunnel surgery. Thus, 6 additional visits are not medically indicated at this time. From Post-Surgical Treatment Guidelines with respect to carpal tunnel: 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. Carpal tunnel syndrome should not result in extended time off work while undergoing multiple therapy visits, when other options (including surgery for carefully selected patients) could result in faster return to work. Furthermore, carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery. Of course, these statements do not apply to cases of failed surgery and/or misdiagnosis (e.g., CRPS (complex regional pain syndrome) I instead of CTS). (Feuerstein, 1999) (O'Conner-Cochrane, 2003) (Verhagen-Cochrane, 2004) (APTA, 2006) (Bilic, 2006) Post surgery, a home therapy program is superior to extended splinting. (Cook, 1995) Continued visits should be contingent on documentation of objective improvement, i.e., VAS (visual analog scale) improvement greater than four, and long-term resolution of symptoms. Therapy should include education in a home program, work discussion and suggestions for modifications, lifestyle changes, and setting realistic expectations. Passive modalities, such as heat, iontophoresis, phonophoresis, ultrasound and electrical stimulation, should be minimized in favor of active treatments.Carpal tunnel syndrome (ICD9 354.0):Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks*Postsurgical physical medicine treatment period: 3 monthsPostsurgical treatment (open): 3-8 visits over 3-5 weeks*Postsurgical physical medicine treatment period: 3 months as outlined below and should be considered a candidate for further physical therapy. However, she is noted to have remaining visits authorized; thus, further physical therapy is not indicated until she has completed the current course. After this has been completed, this can be reconsidered as the patient does not have a typical clinical course related to routine carpal tunnel surgery. Thus, 6 additional visits are not medically indicated at this time.