

Case Number:	CM14-0216142		
Date Assigned:	01/06/2015	Date of Injury:	04/11/2014
Decision Date:	03/06/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 who reported an injury on 04/11/2014. The mechanism of injury was lifting. She was diagnosed with Carpal Tunnel Syndrome. Her past treatments were noted to include medications, physical therapy, braces, and home exercise program. Her diagnostic studies included a nerve conduction/EMG study, performed on 10/28/2014, which was noted to reveal a normal needle EMG evaluation at all muscles tested. There is electrodiagnostic evidence of right median nerve sensory and motor neuropathy in the wrist. This is consistent with moderate to severe right carpal tunnel syndrome. There is electrodiagnostic evidence of left median nerve sensory neuropathy across the wrist. This is consistent with mild to moderate left carpal tunnel syndrome. There is no electrodiagnostic evidence of diffuse peripheral neuropathy of right upper limb or cervical radiculopathy. On 11/10/2014, the injured worker reported for a re-evaluation regarding painful condition of the bilateral hands. Upon physical examination of the hands, she was noted to have a positive Tinel's sign bilaterally and also a positive Phalen's sign bilaterally. Upper limb motor strength was noted to be 5/5. The injured worker had decreased sensation to the index and middle fingers bilaterally. It was noted the injured worker had an EMG/nerve conduction study recently, which was noted to reveal the bilateral upper extremities have severe carpal tunnel syndrome to the right and mild carpal tunnel syndrome to the left hand. Current medications were noted to include Nalfon 400 mg and Protonix 20 mg; however, the frequency was not provided. The treatment plan was noted to include a request for carpal tunnel release of the right hand to be performed in 01/2015, a request for cold unit, and postoperative physical therapy to include

ultrasound, massage, and therapeutic exercise, a brace, and medications. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 3 xs Wk x 4 Wks for the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The injured worker is a 51-year-old female who reported an injury on 04/11/2014. The mechanism of injury was lifting. She was diagnosed with Carpal Tunnel Syndrome. Her past treatments were noted to include medications, physical therapy, braces, and home exercise program. Her diagnostic studies included a nerve conduction/EMG study, performed on 10/28/2014, which was noted to reveal a normal needle EMG evaluation at all muscles tested. There is electrodiagnostic evidence of right median nerve sensory and motor neuropathy in the wrist. This is consistent with moderate to severe right carpal tunnel syndrome. There is electrodiagnostic evidence of left median nerve sensory neuropathy across the wrist. This is consistent with mild to moderate left carpal tunnel syndrome. There is no electrodiagnostic evidence of diffuse peripheral neuropathy of right upper limb or cervical radiculopathy. On 11/10/2014, the injured worker reported for a re-evaluation regarding painful condition of the bilateral hands. Upon physical examination of the hands, she was noted to have a positive Tinel's sign bilaterally and also a positive Phalen's sign bilaterally. Upper limb motor strength was noted to be 5/5. The injured worker had decreased sensation to the index and middle fingers bilaterally. It was noted the injured worker had an EMG/nerve conduction study recently, which was noted to reveal the bilateral upper extremities have severe carpal tunnel syndrome to the right and mild carpal tunnel syndrome to the left hand. Current medications were noted to include Nalfon 400 mg and Protonix 20 mg; however, the frequency was not provided. The treatment plan was noted to include a request for carpal tunnel release of the right hand to be performed in 01/2015, a request for cold unit, and postoperative physical therapy to include ultrasound, massage, and therapeutic exercise, a brace, and medications. A Request for Authorization was not submitted.