

Case Number:	CM14-0219006		
Date Assigned:	01/09/2015	Date of Injury:	03/01/2012
Decision Date:	03/10/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/31/2014

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic Surgery

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 49 year old female, who sustained an industrial injury on 3/1/12. She has reported pain in the wrist and right hand, right shoulder and neck area. The diagnoses have included bilateral carpal tunnel syndrome, De Quervain's tenosynovitis, left shoulder impingement, AC joint arthritis, left shoulder, left shoulder strain, adhesive capsulitis of left shoulder, and chronic pain syndrome of left upper extremity and impingement syndrome of left shoulder. Treatment to date has included left carpal tunnel release, right carpal tunnel release (10/30/14) and physical therapy. Currently, the IW complains of pain in the wrist and right hand, right shoulder and neck area. The IW has received a post-op course of physical therapy, manipulation of left shoulder under anesthesia, injection of left subacromial space and currently demonstrates tendinitis of the wrist. On 12/15/14 Utilization Review non-certified a request for eight sessions of post-operative physical therapy to the right wrist, noting medical necessity is not established with the presented documentation. The MTUS, ACOEM Guidelines, was cited. The injured worker submitted an application for IMR for review of continued post-operative physical therapy to the right wrist, 8 visits. Documentation from 12/8/14 notes that on examination the right palmar scar is pink and indurated as expected. There is slight restriction in flexion. In addition, the patient has pain consistent with DeQuervain's tenosynovitis and tendonitis of the wrist. Physical therapy is noted to have begun on 11/13/14 following the right carpal tunnel release. A home exercise program is documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Continued Post-Operative Physical Therapy (PT) eight (8) Sessions to the Right Wrist: 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 patient is a 49 year old female who had undergone right carpal tunnel release on 10/30/14 and was noted to have already completed 8 postoperative physical therapy visits. The most recent exam from the requesting surgeon only documents mild expected findings related to the carpal tunnel surgery. The patient does have other findings but appear to be related to DeQuervain's and possible wrist tendonitis; not directly related to the carpal tunnel syndrome/surgery. Based on these facts and that the patient had completed the total number of allowed therapy visits(8), further physical therapy should not be considered medically necessary. Continued recovery from the surgery should be assisted with the home exercise program. 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 months Postsurgical treatment (open): 3-8 visits over 3-5 weeks* Postsurgical physical medicine treatment period: 3 months.