

Case Number:	CM15-0012906		
Date Assigned:	01/30/2015	Date of Injury:	02/26/2013
Decision Date:	03/18/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/22/2015

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: Emergency 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 sustained an industrial injury on February 26, 2013. The diagnoses have included right and left carpal tunnel syndrome, tenosynovium of the flexor tendons in the palm, radial tunnel, right carpal tunnel release and residual post-operative pain. Treatment to date has included right carpal tunnel release, pain medication, anti-inflammatory medication, physical therapy with home exercise program, splinting of wrist and regular follow up. Patient had R carpal tunnel release on 10/3/14 and L carpal tunnel release on 12/17/14. Currently, the IW complains of left carpal tunnel syndromes. On exam, the right side had appropriate tenderness at the incision site with full active and passive digital range of motion but minimal grip strength. On the left, the worker had a positive Tinel, a positive Phalen and positive compression. The physician documented that the worker had made significant but incomplete progress with therapy and would benefit with continued therapy. The physician requested authorization for left carpal tunnel release along with continued therapy. The physician's note on December 26, 2014, reflects the worker had completed the left carpal tunnel release and wound was healed with no signs of infection. The worker did have bilateral elbow pain and mild intermittent paresthesia in the ulnar nerve distribution and residual post-surgery symptoms in the left wrist. On January 19, 2015, the Utilization Review decision modified a request for of physical therapy three times per week for two weeks to the right hand and twelve visits post-operatively to the left hand, noting the worker had exceeded the recommended number of physical therapy visits but is making slow progress. The guidelines support eight sessions after carpal tunnel release and therefore eight visits were certified. The MTUS, Post-

Surgical Treatment Guidelines and the ODG Carpal Tunnel Syndrome Chapter was cited. On January 22, 2015, the injured worker submitted an application for IMR for review of physical therapy three times per week for two weeks to the right hand and twelve visits post-operatively to the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 2 weeks right hand, Physical Therapy x 12 post-op left hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235,240, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation -Official Disability Guidelines: Carpal Tunnel Syndrome Chapter, Elbow Chapter. - http://www.wheelsonline.com/ortho/radial_nerve and http://nemsi.uchc.edu/clinical_service/orthopedic/handwrist/pdfs/articles_radialnerve.pdf and <http://www.ncbi.nlm.nih.gov/pubmed/8953288>

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

Decision rationale: As per MTUS Post-surgical treatment guidelines recommend up to 8 sessions after surgical release of carpal tunnel. Patient has completed over 8 sessions. Pt has documented slow progress. Additional PT requested does not meet guideline requirement and is therefore not medically necessary.