

Case Number:	CM15-0013370		
Date Assigned:	02/02/2015	Date of Injury:	02/06/2007
Decision Date:	03/24/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/23/2015

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old male, who sustained an industrial injury on 02/06/2007. He has reported bilateral hand, thumb, and wrist pain. The diagnoses have included left carpal tunnel syndrome; and bilateral thumb carpometacarpal, metacarpophalangeal, and interphalangeal degenerative joint disease. Treatment to date has included medications, bracing, diagnostic cortisone injection, and surgical intervention. A progress note from the treating physician, dated 12/22/2014, documented a follow-up visit with the injured worker. The injured worker reported left thumb pain with numbness and tingling; and right hand and wrist pain. Objective findings included tenderness over the thumb carpometacarpal joints, bilaterally, left greater than right; tenderness over the metacarpophalangeal joints, bilaterally, worse on the left; and motor sensory exam of the bilateral upper extremities is normal. The treatment plan includes left endoscopic versus open carpal tunnel release, left thumb carpometacarpal joint arthroplasty with palmaris longus tendon graft and fusion left thumb metacarpophalangeal joint under axillary block; and post-operative physical/occupational therapy 2 x 6; and follow-up evaluation in four weeks. On 01/05/2015 Utilization Review modified a prescription for Post-operative physical/occupational therapy 2 x 6, to Post-operative physical/occupational therapy x 8 visits. The CA MTUS and the ODG were cited. On 01/23/2015, the injured worker submitted an application for IMR for review of a prescription for Post-operative physical/occupational therapy 2 x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical/occupational therapy 2 x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): Carpal Tunnel Syndrome.

Decision rationale: The applicant is a represented 58-year-old who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of February 6, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; corticosteroid injection therapy; and bracing. In a Utilization Review Report dated January 6, 2015, the claims administrator partially approved a request for 12 sessions of postoperative therapy as four sessions of the same. The claims administrator contended that it was modifying the request to conform with the MTUS Postsurgical Treatment Guidelines following planned carpal tunnel release surgery. An RFA form of December 30, 2014 and associated progress notes of December 22, 2014, November 14, 2014, and October 27, 2014 were referenced in the determination. In a separate Utilization Review Report dated January 6, 2015, the claims administrator approved a carpal tunnel release surgery while denying the thumb fusion surgery, and thumb CMC joint arthroplasty procedure. The applicant's attorney subsequently appealed. In a December 22, 2014 progress note, the applicant reported ongoing issues with left thumb pain, right hand pain, and right wrist pain. The applicant was five and a half months removed from a trigger finger release surgery and nine months removed from a carpal tunnel release surgery. Authorization was sought for a carpal tunnel release procedure, a thumb CMC joint arthroplasty procedure, and a thumb fusion surgery. No, the request for 12 sessions of postoperative physical therapy is not medically necessary, medically appropriate, or indicated here. The 12-session course of postoperative physical therapy proposed, in and of itself, would represent treatment in excess of the three- to eight-session course recommended in the MTUS Postsurgical Treatment Guidelines following a planned carpal tunnel release surgery. It appears that the attending provider sought additional physical therapy on the grounds that he is expecting the applicant would also receive several other surgeries. Those surgeries, however, were denied through the Utilization Review system. There was no evidence that a planned thumb fusion surgery had ever been approved and/or scheduled. The request for 12 sessions of postoperative physical and occupational therapy for carpal tunnel syndrome, thus, represents treatment in excess of the MTUS parameters. No compelling rationale for treatment in excess of the three- to eight-session course recommended following planned carpal tunnel release surgery was furnished here. Therefore, the request was not medically necessary.