

Case Number:	CM15-0115116		
Date Assigned:	06/23/2015	Date of Injury:	03/06/2014
Decision Date:	07/22/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/15/2015

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: 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 57-year-old female, who sustained an industrial injury on 3/06/2014. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include bilateral carpal tunnel syndrome; status post right carpal tunnel release in 2014 and left carpal tunnel release 4/1/15. Treatments to date include anti-inflammatory and eight physical therapy sessions for treatment of the right wrist post operatively. Currently, she complained of ongoing numbness and tingling in the ring and small finger bilaterally. There was slight pain reported. Current medication included Ibuprofen. Physical therapy had not been started post operatively for the left wrist. On 5/28/15, the physical examination documented a healing wound with no evidence of scarring. There was tenderness to palpation. She was capable of making a full composite fist and extension of all digits without discomfort. The provider documented concern for possible bilateral cubital tunnel syndrome regarding continued numbness and tingling of bilateral ring and small fingers. The plan of care included ten physical therapy sessions for the left hand post-operatively, twice a week for five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy 2xWk x 5Wks for left hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15 and 16.

Decision rationale: The patient is a 59-year-old female who had undergone left carpal tunnel release on 4/1/15. As stated by the requesting surgeon, the patient had not begun post-operative physical therapy. As the carpal tunnel release was performed, postoperative physical therapy should be considered medically necessary based on the following guidelines: from page 15 and 16, 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. 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. Initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d) (1) of this section. Therefore, based on these guidelines, 10 visits would exceed the therapy guidelines and should not be considered medically necessary. Up to 4 visits would be consistent with these guidelines for an initial course of therapy. The patient is still within the treatment period time of 3 months, at the time of the request.