

Case Number:	CM15-0174568		
Date Assigned:	09/16/2015	Date of Injury:	12/09/2013
Decision Date:	10/22/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/04/2015

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: Physical Medicine & Rehabilitation

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 40-year-old female, with a reported date of injury of 12-09-2013. The diagnoses include left wrist carpal tunnel syndrome. Treatments and evaluation to date have included Diclofenac, left endoscopic carpal tunnel release on 06-26-2015, Voltaren, and Ultram extended-release. The diagnostic studies to date have not been included in the medical records provided for review. The progress note dated 06-29-2015 indicates that the injured worker was three days status post a left endoscopic carpal tunnel release. She had decreased numbness and tingling. There was mild discomfort of the left proximal palm. The physical examination showed mild bruising of the left volar-distal forearm to left proximal palm, healing incision without infection, mild swelling of the surgical site, full range of motion of all the fingers in the left hand, and intact sensory and motor exam. The treatment plan included occupational therapy three times a week for four weeks. The medical records included the occupational therapy reports for 4 sessions from 07-08-2015 to 08-26-2015. The progress note dated 08-17-2015 indicates that the injured worker was there for a follow-up evaluation. She had soreness at the surgical site and volar-ulnar aspect of the left wrist. The physical examination showed mild swelling at the left proximal palm and surgical site; well-healed incision without infection; mild tenderness at the FCU (flexor carpi ulnaris) pisiform interval; full range of motion in all fingers in the left hand; full extension with 40 degrees of wrist flexion; and intact sensory and motor exam. There was documentation that the therapy report dated 07-21-2015 stated, "The patient had improving range of motion with 29 of flexion on the wrist with the extension of 71. The patient had arrived too late for two appointments and have to be rescheduled. Plan was to continue therapy to improve upon her deficits." The treatment plan included continued therapy. The injured worker was temporarily totally disabled. The treating physician requested twelve

post-operative occupational therapy sessions three times weekly for the left wrist. On 08-28-2015, Utilization Review (UR) non-certified the request for twelve post-operative occupational therapy sessions three times weekly for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative occupational therapy, 3 times weekly, left wrist QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

Decision rationale: Based on the 8/17/15 progress report provided by the treating physician, this patient presents with pain/soreness at surgical site and volar-ulnar aspect of the left wrist. The treater has asked for Post-operative occupational therapy, 3 times weekly, left wrist QTY 12 on 8/17/15. The request for authorization was not included in provided reports. The patient is s/p left carpal tunnel release from 6/26/15. The patient had an initial physical therapy evaluation report dated 7/8/15, and then had 3 sessions per physical therapy report dated 7/21/15. In the 8/17/15 report, the treater references a 7/21/15 physical therapy report, which notes improving range of motion of the left wrist. The patient was dispensed Voltaren, Protonix, Ultram, as well as Voltaren gel per 8/17/15 report. The patient's work status is temporarily totally disabled per 8/17/15 report. MTUS Postsurgical Guides, Carpal Tunnel Syndrome, page 15 states: 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). 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. In this case, the patient is 7 weeks s/p carpal tunnel release of left wrist, and has had 3 previous physical therapy sessions with improving range of motion. The treater is requesting an addition 12 sessions of physical therapy. However, MTUS postsurgical guidelines allow 3-8 visits for carpal tunnel release. Although the patient has shown improvement from prior physical therapy, the current request for additional 12 sessions of Physical Therapy exceeds what is recommended by MTUS for the patient's post-surgical condition. There is no evidence of a failed surgery or misdiagnosis. Therefore, the request IS NOT medically necessary.