

Case Number:	CM15-0177916		
Date Assigned:	09/18/2015	Date of Injury:	12/18/2013
Decision Date:	10/28/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/09/2015

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 53 year old female, who sustained an industrial injury on 12-18-2013. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, status post bilateral carpal tunnel release, right lateral epicondylitis, and right trigger thumb. Treatment to date has included diagnostics, right hand surgery (right endoscopic carpal tunnel release 12-09-2014), occupational therapy (20 sessions per progress report dated 3-18-2015 and 12 sessions completed by 5-28-2015), physical therapy (approximately 6-8 sessions per progress report dated 3-04-2015), left open carpal tunnel release on 3-31-2015 with 12 authorized occupational therapy sessions (completed on 4-22-2015) and additional visits authorized on 6-05-2015 and 20 completed treatments to 7-02-2015, acupuncture, home exercise program, and medications. Currently (8-12-2015), the injured worker complains of hand pain post-operative left hand surgery, not rated, but described as "moderate" and "frequent". Pain was aggravated by opening bottle-lids, pinching, pulling, brushing hair, lifting a heavy glass, and driving. She also reported right hand pain and triggering of the thumb. She received a right A-1 pulley injection on 7-22-2015 and reported 90% pain relief in her right thumb. She reported aggravation of pain from driving, gripping, grasping, and writing. Medications included Fluoxetine, Simvastatin, Medroxyprogesterone, Vicodin, and Gabapentin. Her work status remained total temporary disability. A physical examination of the bilateral hands-wrists was not noted on 8-12-2015. The treatment plan included additional post-operative physical therapy for the bilateral hands, 2x4, non-certified by Utilization Review on 8-26-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy for the bilateral hands, twice weekly for four weeks: 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: The patient is a 53 year old female who had previously undergone right carpal tunnel release on 12/9/14 and left carpal tunnel release on 3/31/15. Postoperatively, she attended a number of physical therapy visits for each side. Most recently, she had completed a total number of 20 visits on 7/2/15. A further request for an additional 8 visits for each side was recommended. Based on the documentation submitted for this review, there is insufficient justification for further formal physical therapy. She has already exceeded the number of recommended visits and has exceeded the overall treatment period. These guidelines are as follows: 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. Objective continued functional improvement has not been documented from these visits to warrant further physical therapy beyond the guidelines. Therefore, it is not medically necessary.