

Case Number:	CM15-0026631		
Date Assigned:	02/19/2015	Date of Injury:	09/27/2013
Decision Date:	04/02/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/12/2015

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 37 year old female, who sustained an industrial injury on September 27, 2013. The diagnoses have included carpal tunnel syndrome and lateral epicondylitis. A progress note dated January 29, 2015 provided the injured worker complains of hand pain with numbness and tingling Physical exam notes positive Tinel's and Phelan's sign. She uses splints at night and hand exercises. Electromyogram/nerve conduction velocity (NCV) shows carpal tunnel syndrome. On February 10, 2015 utilization review modified a request for post-operative physical therapy quantity 4. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated February 11, 2015. Post-operative therapy request was for a quantity of 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physical Therapy Qty 4.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient is a 37 year old female who was certified for carpal tunnel release surgery. A request was made for 8 therapy visits. Post-operative physical therapy following this procedure is supported based on the following guidelines: 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. 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. Thus, 8 postoperative physical therapy visits would be outside the guidelines, as the initial course of therapy is one/half the number to total visits. Thus, the modification to 4 would be appropriate and medically necessary.