

Case Number:	CM15-0075689		
Date Assigned:	04/28/2015	Date of Injury:	02/12/2013
Decision Date:	05/27/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/21/2015

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 32 year old male who sustained an industrial injury on 02/12/2013. Current diagnoses include status post right shoulder arthroscopic subacromial decompression, distal clavicle resection and debridement on 11/07/2013, symptomatic right shoulder tendon tear, and right carpal tunnel syndrome. Previous treatments included medication management, right shoulder surgery, therapy, and steroid injections. Previous diagnostic studies include electro-diagnostic study and MRI. Report dated 04/23/2015 noted that the injured worker presented with complaints that included right hand numbness and paraesthesias. Physical examination was positive for abnormal findings. The treatment plan included requests for right open carpal tunnel release, 12 sessions of occupational therapy, pre-operative labs, and post operative pain medications. Disputed treatments include post operative Norco and post operative occupational therapy 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative occupational therapy (6 visits): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 15 and 16.

Decision rationale: The patient is a 32 year old male who was certified for carpal tunnel release and thus, postoperative physical therapy should be considered medically necessary based on the following guidelines: 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 (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. Therefore, an initial course of therapy would consist of 4 or less visits and thus, 6 visits would exceed the guidelines and should not be considered medically necessary.

Post operative Norco 5/325mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, pain treatment agreement Page(s): 89.

Decision rationale: The patient is a 32 year old male who was certified for carpal tunnel release and thus post-operative pain medication is indicated. Norco 5/325/#30 with 1 refill was requested. From Chronic pain treatment guidelines page 89, which are applicable guidelines even though the expected pain is acute, "Refills are limited, and will only occur at appointments." Therefore, the patient should be evaluated at post-operative visits to determine if further narcotic prescription is necessary. Therefore, this prescription with 1 refill should not be medically necessary. The UR modified the certification to no refills but allowed for the narcotic prescription, which is consistent with appropriate treatment.