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| Case Number: | CM15-0090986 | | |
| Date Assigned: | 05/15/2015 | Date of Injury: | 01/14/2014 |
| Decision Date: | 06/17/2015 | UR Denial Date: | 05/04/2015 |
| Priority: | Standard | Application Received: | 05/12/2015 |

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 55-year-old female, who sustained an industrial injury on 01/14/2014. According to a progress report dated 03/27/2015, the injured worker was status post right wrist carpal tunnel release on 02/28/2015. She was having difficulty sleeping and had issues with gastroesophageal reflux disease due to medication. The incision site was healing slower than expected. Diagnoses included right and left hand tendinitis, carpal tunnel syndrome, positive nerve conduction velocity studies for carpal tunnel syndrome, herniated cervical disc with radiculitis/radiculopathy right greater than left positive MRI, right shoulder tendinitis impingement rotator cuff tear internal derangement positive MRI and status post right wrist carpal tunnel release on 02/28/2015. Treatment to date has included medications, cortisone injection, physical therapy, x-rays and surgery. Treatment plan included suture removal and postoperative physical therapy 2 times a week for 6 weeks with focus on increasing range of motion, strength training and decreasing pain. Currently under review is the request for physical therapy twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Hand (Acute & Chronic), Physical Therapy, ODG Preface ½ Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." ODG states "Carpal tunnel syndrome (ICD9 354.0): Medical treatment: 1-3 visits over 3-5 weeks; Post-surgical treatment (endoscopic): 3-8 visits over 3-5 weeks; Post-surgical treatment (open): 3-8 visits over 3-5 weeks". ODG additionally states "Post surgery a home physical therapy program is superior to extended splinting. (Cook, 1995) This RCT concluded that there was no benefit in a 2-week course of hand therapy after carpal tunnel release using a short incision, and the cost of supervised therapy for an uncomplicated carpal tunnel release seems unjustified. (Pomerance, 2007) Continued visits should be contingent on documentation of objective improvement, i.e., VAS improvement greater than four, and long-term resolution of symptoms. Therapy should include education in a home program, work discussion and suggestions for modifications, lifestyle changes, and setting realistic expectations. Passive modalities, such as heat, iontophoresis, phonophoresis, ultrasound and electrical stimulation, should be minimized in favor of active treatments". The medical records indicate this patient has attended 12 sessions of post-operative physical therapy. The request for an additional 12 sessions is in excess of guideline recommendations for this type of surgery. The treating physician has not provided rationale to justify exceeding guideline recommendations. As such, the request for Physical Therapy, twice a week for six weeks is not medically necessary.