

Case Number:	CM14-0150668		
Date Assigned:	09/23/2014	Date of Injury:	06/20/2013
Decision Date:	11/03/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/16/2014

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. The expert reviewer is Board Certified in Internal Medicine, Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old female who reported a date of injury of 06/20/2013. The mechanism of injury was not indicated. The injured worker had diagnoses of status post right carpal tunnel release and status post rerelease of right 6th dorsal compartment. Prior treatments included physical therapy. The injured worker had an x-ray of the right wrist on 06/20/2013 with an unofficial report indicating ulnar plus variant with cyst within the hamate and possibly within the lunate. The official reports were not provided within the medical records received. Surgeries included right open carpal tunnel release and a release of right 6th dorsal compartment on 01/07/2014. The injured worker had complaints of pain in the right wrist. The clinical note dated 01/28/2014 noted the injured worker's wound was healing satisfactorily, minimal swelling, significant pain at the level of the wrist, and improvement in numbness with carpal tunnel release surgery. Medications included ibuprofen. The treatment plan included ibuprofen and the physician's recommendation for additional physical therapy. The rationale and Request for Authorization Form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Hand Therapy Visits 2 Times per Week Times 3 Week to the Left Wrist (Carpal Tunnel Release on 5/20/14): Upheld

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

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

Decision rationale: The injured worker had complaints of pain in the right wrist. The California MTUS Guidelines indicate there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to the maximum of 8 visits. 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 or 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 or recovery. Postsurgical treatment after carpal tunnel release surgery is 3 to 8 visits over 3 to 5 weeks with a treatment period of up to 3 months. The request as submitted was for 6 additional hand therapy visits after carpal tunnel release on 05/20/2014. However, no documentation of the surgery or physical therapy visits was submitted for review to warrant the need for additional physical therapy. Furthermore, the guidelines indicate there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome and justification is for 3 to 5 visits over 4 weeks after surgery with a maximum of 8 sessions. As such, the request is not medically necessary.