

Case Number:	CM14-0172997		
Date Assigned:	10/23/2014	Date of Injury:	09/12/2011
Decision Date:	11/25/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/20/2014

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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland, Virginia & North Carolina. 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 patient is a 52 year old female with a reported date of injury on 9/12/11 due to cumulative trauma. The patient is noted to have signs and symptoms of possible left carpal tunnel syndrome and painful left wrist triangular fibrocartilage complex (TFCC). Recommendation was made for left carpal tunnel release and left wrist arthroscopy. Post-operative physical therapy was recommended. Utilization review dated 10/8/14 did not certify 12 post-operative physical therapy visits, but modified to 5 visits. The UR determination states left carpal tunnel release with arthroscopy was certified and thus post-operative physical therapy is indicated. Post-operative therapy consistent with the guidelines is 10 visits over 10 weeks. An initial course of treatment is recommended that is half the total number of recommended visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: 12 post operative physical therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 15-16,22.

Decision rationale: The patient is a 52 year old female who had left carpal tunnel release with arthroscopy certified. Thus, post-operative physical therapy is indicated. The guidelines are as

follows: Carpal tunnel syndrome (ICD9 354.0): Post-surgical treatment (endoscopic): 3-8 visits over 3-5 weeks*Post-surgical physical medicine treatment period: 3 months, post-surgical treatment (open): 3-8 visits over 3-5 weeks.*Post-surgical physical medicine treatment period: 3 months TFCC injuries-debridement (arthroscopic) [DWC]: Postsurgical treatment, 10 visits over 10 weeks.*Post-surgical physical medicine treatment period: 4 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 post-surgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section. Thus, 12 post-operative therapy visits exceeds the maximum for carpal tunnel syndrome and TFCC arthroscopy. In addition, the initial course of therapy that would be medically necessary means the number of total visits. Thus, 12 visits should not be considered medically necessary while the modification to 5 visits appear consistent with the guidelines.