

<b>Case Number:</b>	CM13-0000773		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	06/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2013

### 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 Orthopedic Surgeon 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 46-year-old female who reported injury on 02/04/2013. The mechanism of injury was not provided. Prior treatments included splinting, medications, and cold packs. The documentation of 05/07/2013 revealed the injured worker had a several month history of numbness and tingling in both hands after repetitive use. The physical examination revealed sensation hypoesthesia in the median nerve distribution with a Tinel's sign and Phalen's sign as well as a median nerve compression test that were positive bilaterally. The diagnoses included carpal tunnel syndrome and synovitis and tenosynovitis. The treatment plan included surgical intervention. The injured worker underwent nerve conduction study on 04/19/2013 which revealed an abnormal study; there was electrodiagnostic evidence of sensory motor median mononeuropathy at both wrists that was characterized by demyelination without axonal loss. The injured worker had moderate carpal tunnel syndrome bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT CARPAL TUNNEL RELEASE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-270.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**Decision rationale:** The ACOEM Guidelines indicate that carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction test before surgery was undertaken. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination and had positive findings through the electrodiagnostic study. Given the above, the request for left carpal tunnel release is medically necessary.

**Eighteen (18) Post-Operative Physical Therapy Sessions:** Upheld

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

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

**Decision rationale:** The California MTUS Postsurgical Guidelines indicate that the postsurgical treatment for carpal tunnel syndrome is 3 to 8 visits over 3 to 5 weeks. Additionally, the initial course of therapy is half the number of recommended visits which would be 4. This request would be supported for 4 visits. However, the request as submitted failed to indicate the body part to be treated with physical therapy. The request for 18 visits would be excessive. Given the above, the request for eighteen (18) postoperative physical therapy sessions is not medically necessary.