

Case Number:	CM13-0037277		
Date Assigned:	12/13/2013	Date of Injury:	11/28/2011
Decision Date:	01/30/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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 28 year-old male who reported an injury on 11/28/2010. The patient is currently diagnosed as left carpal tunnel syndrome, status post right carpal tunnel release on 06/24/2013, status post right cubital tunnel release on 06/24/2013, left ulnar nerve entrapment neuropathy, right triceps tendinitis and rule out intracarpal ligament tear in bilateral wrist. The patient was seen by [REDACTED] on 09/23/2013. The patient reported 7/10 pain. Physical examination revealed well-healed incisions, 0 degree extension with 140 degree flexion of the right elbow and intact sensation. Treatment recommendations included occupational therapy 2 to 3 times per week for 6 weeks following left carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-op Occupational Therapy, 12 sessions for Right Wrist/Elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: California MTUS Guidelines state 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 recommendations; postsurgical treatment following endoscopic carpal tunnel syndrome includes 3 to 8 visits over 3 to 5 weeks. Postsurgical treatment following cubital tunnel release includes 20 visits over 3 months. As per the clinical notes submitted, the patient has completed at least 12 sessions of postoperative occupational therapy. There was no indication as to why this patient was unable to continue rehabilitation on a home exercise program basis as opposed to ongoing skilled physical medicine treatment. Based on the clinical information received, the request is noncertified.

Left Carpal Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: California MTUS and ACOEM Practice Guidelines state referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management, and have clear clinical and special study evidence of a lesion that has been shown to benefit from surgical intervention. Carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. As per the clinical notes submitted, the patient underwent electrodiagnostic studies on 05/14/2013, which indicated entrapment neuropathy of the median nerve at the left wrist with mild slowing of nerve conduction velocity. However, there was no indication of a failure to respond to previous conservative treatment including physical therapy, bracing, medications, or injections. Therefore, the patient does not currently meet criteria for the requested surgical intervention. As such, the request is noncertified.