

<b>Case Number:</b>	CM13-0043893		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/25/2012
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Surgery, and is licensed to practice in Pennsylvania. 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 claimant is a 48-year-old who was injured in a work related accident on April 25, 2013. The claimant was with diagnoses of bilateral wrist pain consistent with carpal tunnel syndrome. A September 16, 2013 follow-up indicated diagnoses of carpal tunnel syndrome stating medication management as well as physical therapy has not relieved symptoms. He continues to be with numbness and tingling with examination findings showing diminished sensation with positive Tinel and Phalen's testing bilaterally. Also available for review was prior electrodiagnostic studies to the upper extremities that showed evidence of moderate carpal tunnel syndrome bilaterally. These were performed on June 4, 2013. Based on failed measures, operative intervention in the form of carpal tunnel release and twelve sessions of postoperative physical therapy were recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT CARPAL TUNNEL RELEASE SURGERY:** Overturned

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

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

**Decision rationale:** Based on the Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines, carpal tunnel release procedure in this case would be supported. The claimant is with current positive physical exam findings, failed conservative measures including therapy, passage of time, and medications as well as moderate compressive findings on electrodiagnostic studies performed several months ago. The role of operative intervention given the claimant's failed conservative care and timeframe from injury would be supported. The request for left carpal tunnel release surgery is medically necessary and appropriate.

**POST-OPERATIVE PHYSICAL THERAPY 3 TIMES PER WEEK FOR 4 WEEKS FOR THE LEFT WRIST:** 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 Postsurgical Treatment Guidelines.

**Decision rationale:** The Postsurgical Treatment Guidelines would not support the role of twelve sessions of physical therapy. Guideline criteria would recommend the role of no more than eight sessions of physical therapy in the postoperative setting. The request for post-operative physical therapy for the left wrist, three times per week for four weeks, is not medically necessary or appropriate.