

<b>Case Number:</b>	CM13-0048033		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/20/2010
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Orthopedic Surgery, has a subspecialty in Hand Surgery 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:

According to the records made available for review, this is a 34-year-old female with a 9/20/10 date of injury. At the time of request for authorization for right carpal tunnel release and post-op physical therapy, there is documentation of subjective (right hand pain with numbness and tingling) and objective (mild tenosynovial crepitus through the carpal tunnel and ongoing median nerve signs) findings, 10/3/13 medical report's reported electrodiagnostic study with evidence of carpal tunnel syndrome (EDS report not available for review), current diagnosis (carpal tunnel syndrome), and treatment to date (injections, splint, and physical modalities). There is no documentation of one additional symptom, at least 2 findings by physical exam, no current pregnancy, and a positive electrodiagnostic report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Carpal Tunnel Release:** 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 ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Carpal tunnel release surgery (CTR).

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of positive findings on clinical examination and the diagnosis should be supported by nerve conduction as criteria necessary to support the medical necessity of carpal tunnel release. ODG identifies documentation of at least 2 symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)), at least 2 findings by physical exam (Durkan's compression test, Semmes-Weinstein monofilament test, Phalen Sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness (thumb abduction)), no current pregnancy, at least 3 conservative treatment measures attempted (activity modification  $\geq$  1 month, wrist splint  $\geq$  1 month, nonprescription analgesia, physical therapy referral for home exercise training, and/or successful initial outcome from corticosteroid injection trial (optional)), and positive electrodiagnostic testing as criteria necessary to support the medical necessity of carpal tunnel release. Within the medical information available for review, there is documentation of a diagnosis of carpal tunnel syndrome. In addition, there is documentation of subjective findings (right hand pain with numbness and tingling) and at least 3 conservative treatment measures attempted. However, there is no documentation of one additional symptom (Abnormal Katz hand diagram scores and/or Flick sign (shaking hand)). In addition, despite documentation of objective findings (mild tenosynovial crepitus through the carpal tunnel and ongoing median nerve signs), there is no documentation of at least 2 findings by physical exam (Durkan's compression test, Semmes-Weinstein monofilament test, Phalen Sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness (thumb abduction)). Furthermore, there is no documentation of any current pregnancy. Lastly, despite the 10/3/13 medical report's reported electrodiagnostic study with evidence of carpal tunnel syndrome, there is no documentation of a positive electrodiagnostic report. Therefore, based on guidelines and a review of the evidence, the request for right carpal tunnel release is not medically necessary.

**Post-Operative Physical Therapy 2x per week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 16.

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

**Decision rationale:** MTUS postsurgical treatment guidelines identifies up to 8 visits of post-operative physical therapy over 5 weeks and post-surgical physical medicine treatment period of up to 3 months as criteria necessary to support the medical necessity of post-operative physical therapy for carpal tunnel release. Within the medical information available for review, there is documentation of a diagnosis of carpal tunnel syndrome. However, there is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for post-operative physical therapy 2 xs per week for 4 weeks is not medically necessary.

**Facility - outpatient for right carpal tunnel release:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for facility - outpatient for right carpal tunnel release is not medically necessary.