

Case Number:	CM13-0049718		
Date Assigned:	12/27/2013	Date of Injury:	04/05/2011
Decision Date:	02/26/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/08/2013

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 Shoulder and Elbow 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:

The patient is a 53-year-old female who reported an injury on 04/05/2011. The mechanism of injury was continuous trauma related to the performance of job duties. The patient experienced pain and numbness down her bilateral arms and subsequently underwent a repair of the rotator cuff on the left shoulder with Neer acromioplasty, resection of the undersurface of the clavicle, subacromial decompression, debridement of the biceps tendon, tenosynovectomy, synovectomy, lysis of adhesions, and release of the contracture of the left shoulder on 11/12/2012. She then completed a course of postoperative physical therapy with an uncomplicated recovery. In the clinical note dated 10/23/2013, the patient complained of tenderness to the radial styloid and scapholunate joint of the right wrist. Physical examination revealed tenderness over the median nerve, no atrophy, and 1+ swelling of the wrist. At this time, Phalen's and Tinel's tests were found to be positive in the bilateral wrists. She was also found to have dorsiflexion of 50 degrees on the right and 25 degrees on the left, palmar flexion of 30 degrees on the left and 50 degrees on the right, radial deviation of 10 degrees on the left and 15 degrees on the right, and ulnar deviation of 10 degrees on the left and 15 degrees on the right. Muscle strength was measured at 4/5 bilaterally and she was then diagnosed with carpal tunnel syndrome of the bilateral wrists, tenosynovitis of the bilateral hands, and was referred for carpal tunnel release surgery. According to the re-evaluation dated 09/27/2013, the patient received a right wrist carpal tunnel release on 07/12/2011. Although multiple notes indicate that the physician ordered physical therapy, there were no therapy notes included for review, providing evidence that bilateral wrists therapy had been performed. It is also noted, that the patient's bilateral wrists ranges of motion have remained exactly the same since 10/03/2012, neither improving nor deteriorating.

IMR ISSUES, DECISIONS AND RATIONALES

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

An assistant surgeon for a bilateral carpal tunnel release: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Release

Decision rationale: The California MTUS/ACOEM Guidelines state that surgical decompression of the median nerve to relieve carpal tunnel syndrome symptoms can be performed on those patients that have positive findings on physical examination corroborated by nerve conduction tests. It is also recommended that these patients receive at least 1 glucocorticosteroid injection that provides temporary relief as well as documentation of a failed conservative treatment. However, the CAMTUS/ACOEM Guidelines did not provide information regarding the actual procedure, therefore, the Official Disability Guidelines were supplemented. ODG does not state that an assistant surgeon is necessary for a carpal tunnel surgery, as most of them are performed arthroscopically and do not require additional assistance. As such, the request for an assistant surgeon for an approved bilateral carpal tunnel release is non-certified.

Postoperative physical therapy for the wrists (12 sessions): Upheld

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

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend postsurgical physical therapy for patients receiving carpal tunnel release surgeries. Although the clinical notes submitted for review did not provide information indicating whether the surgery would be endoscopic or open, guidelines recommend the same amount of visits for either modality. Guidelines recommend 3 to 8 physical therapy visits over 3 to 5 weeks for patients in the postsurgical phase of treatment. However, guidelines also state that an initial 6 visits of therapy is recommended to determine treatment efficacy. At the end of those 6 treatments, the patient will be reassessed and treatment will be extended if indicated. The current request for 12 sessions of physical therapy exceeds guideline recommendations. As such, the request for postop physical therapy for the wrists 3 x 4 is non-certified.