

<b>Case Number:</b>	CM13-0058187		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 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 27-year-old injured in a work related accident on 07/30/13. The most recent clinical assessment provided for review dated 11/11/13 documented progressive numbness of the bilateral hands in a median nerve distribution with subsequent weakness. Physical examination performed on that date showed positive Tinel's and Phalen's testing at the bilateral carpal tunnels. Working assessment at that date was carpal tunnel syndrome bilaterally. Electrodiagnostic studies from 10/14/13 showed abnormal evidence of moderate right and "slight left" carpal tunnel syndrome. Conservative care was noted to have failed. Surgical process in the form of a right carpal tunnel release procedure was being recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Carpal Tunnel release to be performed @ [REDACTED]: 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): 265, 270.

**Decision rationale:** Based on California ACOEM 2004 Guidelines, right carpal tunnel release procedure would appear medically warranted. The claimant has a clinical picture consistent with

carpal tunnel syndrome both on physical examination and positive electrodiagnostic studies. The role of carpal tunnel release procedure in this case would appear medically necessary.

**Median Nerve Block:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** Based on California ACOEM Guidelines, the surgical process in this case has been supported. This would support the role of a median nerve block at the time of operative intervention.

**Possible Synovectomy to performed @ [REDACTED]:** 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): 265, 270.

**Decision rationale:** Based on California ACOEM 2004 Guidelines, the surgical process for a carpal tunnel release is necessary. However, there is no current documentation to support the need for a synovectomy to be performed concordantly at the time of the carpal tunnel setting.

**DME; Post Operative Splint:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th edition, 2013 Updates: carpal tunnel procedure

**Decision rationale:** California MTUS Guidelines are silent. When looking at Official Disability Guidelines, the role of a postoperative splint would not be indicated. Immobilization in the postoperative setting following carpal tunnel surgery is highly recommended. At present, there would be no indication for splint for immobilization. An appropriate postoperative dressing obviously can be applied to provide immobilization. However, the specific need for a splint in this clinical incidence would not be indicated.

**Post Operative Physical Therapy 3x4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Based California MTUS Guidelines Postsurgical Rehabilitative Guidelines, 12 sessions of physical therapy would not be indicated. The Post Surgical Rehabilitative Guideline criteria recommend from three to eight sessions of therapy in the postoperative setting following carpal tunnel release procedure. This specific request for 12 sessions in this case would exceed the recommended guidelines and cannot be deemed medically necessary.