

Case Number:	CM13-0071556		
Date Assigned:	01/08/2014	Date of Injury:	08/16/2013
Decision Date:	06/25/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/27/2013

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 Hand Surgery and is licensed to practice in Oregon. 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:

This is a 33-year-old female with a 8/16/2013 date of injury. A specific mechanism of injury has not been described. She is diagnosed bilateral carpal tunnel syndrome. There is numbness into the thumb, index, middle and ring fingers. 10/30/13 testing reveals electrodiagnostic evidence of bilateral carpal tunnel syndrome. Treatment to date has included right wrist and carpal tunnel injection, resulting in no improvement; and wrist braces.

IMR ISSUES, DECISIONS AND RATIONALES

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

ENDOSCOPIC CARPAL TUNNEL RELEASE RIGHT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES PRACTICE GUIDELINES, CHAPTER 11.

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

Decision rationale: According to the ACOEM guidelines, surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS

have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. This patient has significant symptoms of carpal tunnel syndrome, an exam consistent with carpal tunnel syndrome and positive electrodiagnostic studies for median nerve compression. Her symptoms have failed to improve with conservative therapy. Per the ACOEM guidelines, endoscopic carpal tunnel release is medically necessary.

PRE OP: (EKG, CHEST XRAY, CBC CHEM PANEL, PT, PTT): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Practice advisory for preanesthesia evaluation. An updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation." (American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology. 2012 Mar;116(3):522-38)

Decision rationale: Per the guidelines, selection and Timing of Preoperative Tests, preoperative tests should not be ordered routinely; preoperative tests may be ordered, required, or performed on a selective basis for purposes of guiding or optimizing perioperative management; the indications for such testing should be documented and based on information obtained from medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. There is insufficient evidence to identify explicit decision parameters or rules for ordering preoperative tests on the basis of specific clinical characteristics. This is a healthy 33-year-old female with no co-morbidities. There is no indication for preoperative testing for a healthy female in this age group. Therefore, the request is not medically necessary.

POST OP PHYSICAL THERAPY 12 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL TREATMENT GUIDELINES.

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

Decision rationale: The patient is past the three months treatment period and has already exceeded the maximum number of allowed visits per MTUS guidelines. Per MTUS, there is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to the maximum of 8 sessions. The request exceeds the recommended maximum of 8 visits.