

<b>Case Number:</b>	CM14-0002979		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	01/24/2012
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Texas. 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 injured worker is a 64 year old female who reported an injury to both shoulders as well as findings consistent with bilateral carpal tunnel syndrome. The agreed medical examination dated 04/05/13 indicates the initial injury occurred on 03/30/09 when her raincoat got caught under her foot resulting in a slip and fall. The clinical note dated 12/03/13 indicates the injured worker complaining of tenderness at both carpal tunnels. The injured worker was identified as having positive Tinel's and Phalen's signs bilaterally. Numbness was also identified in the median nerve distribution. The injured worker had undergone night time splinting, physical therapy, as well as activity modifications and injections. Electrodiagnostic studies confirmed findings consistent with carpal tunnel syndrome bilaterally. The injured worker was recommended for a bilateral carpal tunnel release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2XWEEK FOR 6 WEEKS AFTER CARPEL TUNNEL SURGERY:** Upheld

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

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

**Decision rationale:** The documentation indicates the injured worker having been approved for bilateral carpal tunnel surgeries. Following an operative procedure of this nature, it would be reasonable for the injured worker to undergo a course of conservative therapy. However, the request for 12 sessions exceeds guideline recommendations as 8 sessions are generally recommended for a procedure of this nature. The documentation indicates the injured worker having been approved for 4 physical therapy sessions following the carpal tunnel surgeries. No information was submitted regarding the injured worker's functional improvements following the initial course of treatment. Therefore, this request is not indicated.

**POST SURGICAL SPLINT:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Chapter, Splints.

**Decision rationale:** Currently, no high quality studies exist supporting the use of a postoperative splint following a carpal tunnel surgery. Given that no high quality studies have been published in peer-reviewed literature supporting the safety and efficacy of the use of a post-surgical splint following a carpal tunnel syndrome release, this request is not indicated.

**ASSISTANT SURGEON:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians As Assistants at Surgery: 2007 Study.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician As Assistants At Surgery, 2011 Report.

**Decision rationale:** No information was submitted regarding any added complexity to the requested carpal tunnel surgeries. Generally, assistant surgeons are not recommended for carpal tunnel releases without exceptional factors in place. Therefore, this request is not indicated as medically necessary.