

<b>Case Number:</b>	CM14-0009482		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 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 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 65-year-old female who was injured on February 20, 2013. A nerve conduction velocity study is documented as having been performed on May 17, 2013. The clinician notes on September 18, 2013, the injured had physical exam findings consistent with carpal tunnel syndrome and a corticosteroid injection was provided to the carpal tunnel. On October 16, 2013, the record is documented indicating there was no relief provided by the injections. Subjective complaints continue to be consistent with carpal tunnel syndrome of the right wrist. The utilization review in question was rendered on January 13, 2014 the reviewer non-certified the requests for the operative intervention, postoperative physical therapy, and post-operative cold compression unit. The reviewer indicated there is no documentation to demonstrate the injured worker's response to the previous corticosteroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT WRIST CARPAL TUNNEL RELEASE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 11, 270

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** The claimant has had proven carpal tunnel syndrome since May 2013; multiple conservative measures including a corticosteroid injection have been attempted with little to no relief. The ACOEM supports surgical release for individuals who fail non-operative treatment for subacute or chronic carpal tunnel syndrome. As such, the request is considered medically necessary.

**POST OPERATIVE PHYSICAL THERAPY 3X4 RIGHT HAND/WRIST:** 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.

**Decision rationale:** The postsurgical treatment guidelines support the use of physical therapy following carpal tunnel release. While postoperative physical therapy is considered medically necessary, the request exceeds the guidelines by approximately 50%. The maximum number of visits recommended by the guidelines for open or endoscopic carpal tunnel release is eight visits. The request is found to be not medically necessary.

**COOLCARE COLD THERAPY UNIT RIGHT HAND/WRIST:** Overturned

**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 Official Disability Guidelines (ODG) Carpal tunnel syndrome, continuous cold therapy

**Decision rationale:** The ODG supports the use of continuous cold therapy following operative intervention for carpal tunnel syndrome. This treatment should be utilized for no more than seven days following the operative intervention. As such, the request is considered medically necessary.