

<b>Case Number:</b>	CM14-0009774		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/28/2004
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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:

This is a 40-year-old female with a July 28, 2004 date of injury. She was working as a tester for [REDACTED] when she sustained an injury to her left upper extremity when a box fell on her left hand and forearm. The patient is noted to have left shoulder, hand and wrist pain with numbness and tingling in the left thumb, index finger, and long fingers. Objectively, she had pain to palpation to the left shoulder, elbow, and decreased ROM (range of motion) of the shoulder and elbow with decreased supraspinatus strength. She had a positive Finkelstein's test on the left and decreased grip strength bilaterally, and a positive Tinel's sign at the wrist. Diagnostic Impression is left Carpal Tunnel Syndrome, and deQuervain's tenosynovitis. Treatment to date: medication management, physical therapy, acupuncture, left shoulder arthroscopy in 2007, injections, activity modification. A UR decision dated January 16, 2014 denied the request for carpal tunnel release and release of 1st extensor compartment of the left wrist and post-operative physical therapy. The patient had normal EMG (electromyogram) findings and mild left median sensory neuropathy of the wrist on an EMG/NCS (nerve conduction study) on December 5, 2012. The evidence-based guidelines suggest that the patients with the mildest symptoms of carpal tunnel syndrome display the poorest post-surgery results. It is noted the patient had acupuncture and physical therapy, but there is no mention of objective or functional improvements. Regarding the first extensor release, it is documented that the majority of patient's with deQuervain's syndrome will have a resolution of symptoms with conservative treatment. The post-operative PT (physical therapy) was denied since the surgery was not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE REQUEST FOR 1 CARPAL TUNNEL RELEASE AND RELEASE OF 1ST EXTENSOR COMPARTMENT, LEFT WRIST BETWEEN 12/19/2013 AND 3/16/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines CA MTUS §9792.23.4. Forearm, Wrist, and Hand Complaint.

**Decision rationale:** The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines criteria for carpal tunnel release include failure of non-operative treatment or severe symptoms such as continuous tingling and numbness; most patients should have had at least 1 glucocorticosteroid injection; and patients who do not have a glucocorticosteroid injection that results in at least partial benefit should have an electrodiagnostic study (EDS) consistent with CTS. The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines states that the majority of patients with De Quervain's syndrome will have resolution of symptoms with conservative treatment. ODG states that surgery for DeQuervain's tenosynovitis is recommended as an option if there are consistent symptoms, signs, and failed three months of conservative care. However, this patient did not have electrodiagnostic study findings consistent with severe carpal tunnel syndrome. Her EMG (electromyogram) was normal, and her NCS (nerve conduction study) only showed mild sensory neuropathy. It is noted that she has had injections, but it is unclear what type of injections she has had, and to which location. There is no clear description of failure of conservative management. In regards to deQuervain's tenosynovitis, there is no description of failure of conservative management such as an injection. The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines states that injection alone is the best therapeutic approach to deQuervain's tenosynovitis, and under unusual circumstances should surgery be considered an option. The request for one carpal tunnel release and release of 1st extensor compartment, left wrist, is not medically necessary or appropriate.

**PROSPECTIVE REQUEST FOR 12 POST-OP PHYSICAL THERAPY VISITS BETWEEN 12/19/2013 AND 3/16/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, POSTSURGICAL PHYSICAL MEDICINE, ,

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

**Decision rationale:** The Post-Surgical Treatment Guidelines support up to eight sessions of physical therapy after carpal tunnel release and fourteen sessions after surgical treatment of deQuervain's tenosynovitis. However, the surgical request for the carpal tunnel release or

deQuervain's tenosynovitis was not found to be medically necessary, so therefore, the medical necessity for post-operative physical therapy cannot be established. The request for twelve post-operative physical therapy visits is not medically necessary or appropriate.