

<b>Case Number:</b>	CM14-0100137		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/18/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Orthopaedic 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 63-year-old female office assistant who sustained an industrial injury on 11/18/11 relative to cumulative trauma. Her past medical history was positive for diabetes and gastric bypass. The 2/10/14 electrodiagnostic study findings were consistent with right carpal tunnel syndrome of moderate severity. There was no electrodiagnostic evidence of active ulnar neuropathy, radial neuropathy, or peripheral polyneuropathy. The 6/9/14 treating physician report noted worsening of right upper extremity pain and dequervain's despite bracing. The injured worker's wrist pain radiated down her thumb and fingers with occasional hand numbness. Gait imbalance with mild vestibular component was noted. Physical exam documented positive Finkelstein's and positive Tinel's and Phalen's at the carpal tunnel. There was no thenar or hypothenar atrophy. The treatment plan recommended right carpal tunnel release, right dequervain's release, and 12 sessions of post-operative physical therapy. The 6/27/14 utilization review denied the right carpal tunnel and dequervain's release and post-op physical therapy as there was insufficient documentation of prior treatment, no muscle weakness or atrophy, and electromyograph showed only mild bilateral compression. The 7/22/14 treating physician appeal letter documented conservative treatment, including bracing, anti-inflammatory medication, physical therapy, and corticosteroid injection since 2012. Electrodiagnostic studies on 1/22/13 showed bilateral carpal tunnel syndrome affecting both sensory and motor components and indicative of a demyelinating process which is severe. The 2/10/14 electrodiagnostic studies showed right carpal tunnel syndrome of moderate severity. The injured worker remained markedly symptomatic with both carpal tunnel syndrome and dequervain's tenosynovitis of the right wrist. There was worsening symptoms in the wrist and dorsal medial thumb. The treating physician stated that motor weakness was not required for authorization of carpal tunnel syndrome. Surgery was again requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Carpal Tunnel Release:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification, splinting, medications and positive corticosteroid injection. Guideline criteria have been met. There are subjective and clinical exam findings consistent with carpal tunnel syndrome. Electrodiagnostic findings evidenced moderate carpal tunnel syndrome. There is documented failure of comprehensive conservative treatment. Therefore, this request is medically necessary. There is detailed documentation of failed conservative treatment and electrodiagnostic findings of moderate carpal tunnel syndrome.

**Right Dequervain's Release:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand, de Quervain's tenosynovitis surgery

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that the majority of workers with dequervain's syndrome will have resolution of symptoms with conservative treatment. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option. The Official Disability Guidelines recommend dequervain's tenosynovitis surgery as an option if there are consistent signs and symptoms and the worker fails 3 months of conservative care with splinting and injection. Guideline criteria have been met. Subjective and clinical exam findings are consistent with dequervain's tenosynovitis. Conservative treatment has been provided for greater than 3 months with failure to provide sustained benefit. There is persistent pain and limited function. Therefore, this request is medically necessary. There is detailed documentation of failed conservative treatment and signs/symptoms consistent with deQuervain's tenosynovitis.

**Post-Operative Physical Therapy 12 Sessions, Right Hand, Right Wrist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16, 21.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines Post-Surgical Treatment Guidelines for carpal tunnel release suggest a general course of 3 to 8 post-operative visits over 3-5 weeks. For dequervain's surgery, guidelines suggest a general course of 14 visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or up to 7 visits. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, this request is medically necessary. Surgery has been determined to be medically necessary.