

Case Number:	CM14-0120960		
Date Assigned:	08/06/2014	Date of Injury:	11/25/2013
Decision Date:	12/18/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/31/2014

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 patient is a 60-year-old female who has submitted a claim for bilateral carpal tunnel syndrome associated with an industrial injury date of 11/25/2013. Medical records from 1/28/2014 up to 6/16/2014 were reviewed showing that the patient complains of bilateral hand numbness, tingling, burning, and weakness. She has to wake up multiple times throughout the night to shake her hands trying to "wake them up." She utilizes wrist braces regularly. She has trouble driving and holding the steering wheel because her hands "fall asleep." She has failed appropriate conservative treatment and continues to have both electromyography (EMG)/nerve conduction velocity (NCV) study confirmation of carpal tunnel syndrome. Wrist and hand examination revealed positive Phalen's, Tinel's, Finkelstein's and compression tests. There is pain with ulnar and radial deviation. Patient was approved for carpal tunnel release starting with the right side as it is more symptomatic. Treatment to date has included physical therapy, activity modification, stretching, bracing, cholesterol and thyroid medications. The utilization review from 7/22/2014 denied the requests for wrist brace and post op therapy; twelve (12) visits).

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrist brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Summary table 2, page 156.

Decision rationale: According to pages 156 of the ACOEM Practice Guidelines referenced by CA MTUS, wrist splinting is recommended for moderate or severe acute or subacute wrist sprains; neutral wrist splinting as a first-line treatment for acute, subacute, or chronic ulnar nerve compression at the wrist; and splinting for acute flares or chronic hand osteoarthritis. There is no recommendation on splinting for acute or subacute non-specific hand, wrist, or forearm. Wrist splints encourage lack of mobility which likely impairs or delays recovery with potentially increasing risk of complex regional pain syndrome, debility and delayed recovery. There are limited indications for splints in patients with select diagnoses generally involving more extensive surgical procedures or other needs to utilize splints for protective purposes. In this case, the patient is diagnosed with carpal tunnel syndrome and is approved to undergo carpal tunnel release. Guidelines state the wrist splinting impairs or delays recovery with potentially increasing the risk of complex regional pain syndrome. There is no indication as to why the patient would need a wrist brace. Moreover, the laterality of the wrist brace was not specified. Therefore, the request for a wrist brace is not medically necessary.

Post op therapy (twelve (12) visits): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16-17.

Decision rationale: CA MTUS Postsurgical Treatment Guidelines states that 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 3 to 8 visits over 3-5 weeks for post-operatively for carpal tunnel release. The post-operative treatment period is up to 3 months. In this case, the patient is diagnosed with carpal tunnel syndrome and has failed conservative treatment. She will undergo carpal tunnel release. However, according to the guidelines, the recommendation allows only up to 3-8 visits of post-operative physical therapy. Therefore the request for post op therapy (twelve (12) visits) is not medically necessary.