

<b>Case Number:</b>	CM14-0124791		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/15/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 42-year-old gentleman who was injured on 06/15/13. Records indicate an injury from repetitive motion to the right upper extremity. A 07/16/14 follow up report indicated complaints of numbness and tingling to the index and long finger with objective findings showing diminished sensation to the right index finger with positive carpal tunnel compression testing. The claimant at that time was diagnosed with carpal tunnel syndrome. There was noted to be prior electrodiagnostic studies, and surgical intervention was recommended in the form of carpal tunnel release with a right fasciotomy. A 08/14/14 utilization review indicates the surgical process in the form of carpal tunnel release has been approved. There are current requests for the role of a right "fasciotomy" and the use of a postoperative custom orthotic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Fasciotomy:** 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 Page(s): 270.

**Decision rationale:** Based on California ACOEM Guidelines, this individual is an appropriate surgical candidate for carpal tunnel release. The separate surgical entity of a "fasciotomy" would not be indicated as this portion of the procedure would have already been established in the previous certified and approved carpal tunnel. Therefore, this request is not medically necessary.

**Custom Orthosis/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) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates, Carpal tunnel procedure.

**Decision rationale:** California ACOEM and MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the use of postoperative custom splinting would not be indicated. Following carpal tunnel release procedure, an over-the-counter brace or soft dressing support would be appropriate. There is no indication for long term splinting or the use of a custom orthosis given this claimant's diagnosis and surgical request. Therefore, this request is not medically necessary.

**Post-operative Occupational Therapy x 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

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

**Decision rationale:** California MTUS Postsurgical Rehabilitative Guidelines would not support 12 sessions of occupational therapy. This individual is to undergo surgical carpal tunnel release that would support three to eight sessions of postoperative therapy per California MTUS Postsurgical Rehabilitative Guidelines. The request for 12 sessions of occupational therapy would exceed guideline criteria and would not be supported. Therefore, this request is not medically necessary.