

<b>Case Number:</b>	CM14-0138966		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Orthopaedic 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 57-year-old female sustained an industrial injury on 8/1/13 due to repetitive motion. Past medical history was positive for diabetes. The 8/6/13 bilateral upper extremity electrodiagnostic study evidenced bilateral mild carpal tunnel syndrome. The medical records indicated the patient had bilateral wrist pain with numbness and tingling in fingers 3 and 4, and left thumb pain. Right arm exam findings have documented full wrist range of motion without pain, tenderness at the carpal tunnel, and positive Phalen's. Conservative treatment included physical therapy, splinting, anti-inflammatory, medications, and activity modification. Surgery was delayed in November to allow for better blood sugar control. The 4/15/14 treating physician report cited worsening bilateral symptoms with difficulty writing and keeping up at work. Left symptoms were worse than right. The patient underwent left carpal tunnel release on 6/3/14 with good post-op recovery. The 6/30/14 treating physician report cited an increase in right carpal tunnel symptoms and readiness to proceed with right carpal tunnel release. The 7/18/14 utilization review denied the request for right carpal tunnel release as there was no evidence the patient had failed injection therapy.

### 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Release (CTR)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, Carpal tunnel release surgery (CTR)

**Decision rationale:** The California MTUS 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. The Official Disability Guidelines typically require initial conservative treatment including three of the following: activity modification, night wrist splint, non-prescription analgesia, home exercise training, and/or successful corticosteroid injection trial. Guideline criteria have been met. The patient presents with subjective, objective, and electrodiagnostic findings consistent with carpal tunnel syndrome. Guideline-recommended conservative treatment has been tried and failed to provide sustained improvement. Functional limitation is affecting work ability. Therefore, this request is medically necessary.

**Post-op PT 2 x 2 for the right wrist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265.

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

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for carpal tunnel release suggest a general course of 3 to 8 post-operative visits over 3-5 weeks during the 3-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 4 visits. This request for initial physical therapy treatment is consistent with guidelines. Therefore, this request is medically necessary.