

Case Number:	CM14-0166851		
Date Assigned:	10/14/2014	Date of Injury:	06/24/2014
Decision Date:	12/08/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/09/2014

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 65 year old female with a 6/24/14 injury date. In a 9/26/14 follow-up, subjective findings include persistent pain, numbness, and tingling over the bilateral hands and fingers. Objective findings include tenderness over the radial styloid and scapholunate joint of the right wrist, positive Tinel's and Phalen's signs, and 1+ swelling. The left wrist reveals tenderness over the triangular fibrocartilage, scapholunate ligament, ulnar styloid, and radial styloid. There is 1+ swelling and positive Tinel's/Phalen's signs. In both wrists, there is decreased range of motion and 4/5 strength. A 6/3/14 EMG/NCV of the upper extremities revealed bilateral medial nerve sensory neuropathy at the wrists, median motor demyelinating neuropathy on the left that is consistent with mild carpal tunnel syndrome on the right and moderate on the left. Diagnostic impression: bilateral carpal tunnel syndrome. Treatment to date includes heat, Motrin, and splinting. A UR decision on 9/26/14 denied the request for bilateral carpal tunnel release with assistant surgeon because there was no documentation of failure of comprehensive conservative treatment and the formal diagnostic testing report was not provided. The request for post-operative physical therapy three times per week for four weeks, bilateral wrists, was denied because the associated procedure was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral carpal tunnel releases with assistant surgeon: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-1. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Association of Orthopaedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics

Decision rationale: The California MTUS 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 carpal tunnel syndrome. However, in this case there is no documentation regarding the extent, duration, and outcome of prior conservative treatments such as wrist splinting and anti-inflammatory use. There is no documentation of prior cortisone injections. Although the patient probably is a candidate for eventual carpal tunnel release, there is too much functional compromise after bilateral surgery as the patient will have very limited use of both hands for at least 4-6 weeks after the surgery. Surgery should be performed on the side with the worst symptoms first. The use of an assistant surgeon is ultimately determined by the operating surgeon; however, the associated procedure was not certified. Therefore, the request for bilateral carpal tunnel releases with assistant surgeon is not medically necessary.

Post-operative physical therapy three times per week for four weeks, bilateral wrists:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS supports 3-8 physical therapy sessions over 3-5 weeks after open carpal tunnel release. However, the associated surgical procedure is not medically necessary. Therefore, the request for post-operative physical therapy three times per week for four weeks for the bilateral wrists is not medically necessary.