

<b>Case Number:</b>	CM14-0182278		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	12/15/2010
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 55-year-old female housekeeper sustained an industrial injury on 12/15/10. Injury occurred while pulling a spring mechanism on a mop with a sudden sharp pain in the right wrist that extended into the forearm. The 5/21/14 initial consult report cited x-ray findings of significant ulnar plus variant with apparent impingement of the ulna head onto the triquetrum. The diagnosis included right carpal tunnel syndrome and ulnar impingement syndrome. The 6/30/14 right wrist MRI impression documented a focal osteochondral defect, marrow edema, and erosion of the distal pole of the triquetrum with associated myofascial edema. The 8/5/14 right upper extremity electrodiagnostic study was reported as normal. There was no evidence of right median neuropathy, peripheral polyneuropathy, acute or chronic cervical radiculopathy, and cervical nerve root involvement. The 8/27/14 treating physician report cited a temporary improvement in numbness following corticosteroid injection which was diagnostic for carpal tunnel syndrome. Physical exam documented positive Tinel's and Phalen's tests. Grip strength was 10/10/8 kg on the right and 6/4/4 kg on the left. The diagnosis was right carpal tunnel syndrome and ulnar impingement syndrome, rule-out TFCC tear. The patient was very symptomatic and wished to proceed with surgery. Authorization was requested for a right open carpal tunnel release. The patient had undergone extensive medical treatment since 2010. The patient underwent right open carpal tunnel release on 10/9/14. The 10/21/14 utilization review denied the request for post-operative occupational therapy as the number of prior post-operative sessions was not documented. The request for a custom made splint was denied as not recommended by guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Custom made Splint:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Forearm, Wrist and Hand, Splints

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

**Decision rationale:** The California MTUS guidelines indicate that splinting after carpal tunnel release surgery has negative evidence. Two prospective randomized studies show that there is no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. In fact, splinting the wrist beyond 48 hours following carpal tunnel release may be largely detrimental, especially compared to a home physical therapy program. Guideline criteria have not been met. There is no compelling reason to support the medical necessity of a custom made splint for this injured worker in the absence of guideline support. Therefore, this request is not medically necessary.

**Associated surgical service: 12 Occupational Therapy Sessions for the Right Wrist (2 times a week for 6 weeks):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**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. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met. This request appears to be the initial request for post-op occupational therapy. Post-op occupational therapy would be appropriate for this patient within the general course recommendations of up to 8 visits. There is no compelling reason presented to support the medical necessity of post-op treatment in excess of the general course of therapy prior to assessment of functional benefit. Therefore, this request is not medically necessary.