

Case Number:	CM14-0195628		
Date Assigned:	12/02/2014	Date of Injury:	12/20/2013
Decision Date:	12/12/2014	UR Denial Date:	11/11/2014
Priority:	Expedited	Application Received:	11/21/2014

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 Plastic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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 43-year-old female patient, sip injury 12/20/13, sip right carpal tunnel release 2004. The patient most recently (10/1/14) presented with constant numbness involving the right index, long, and ring fingers; numbness and pain from the right dorsal proximal forearm distally onto the dorsal aspect of the right hand, into the dorsum of the right index, long, and right fingers; may radiate proximally up to the shoulder; pain makes it difficult to sleep; and anxiety. Physical examination revealed decreased grip right strength, decreased right 2-point pinch, decreased right 3 point pinch, decreased right key pinch; decreased right wrist ex-tension/flexion, decreased right wrist radial/ulnar deviation, visible mass proximal to the volar wrist crease, TTP of the volar radial aspect of the right wrist, positive Tinel's test on the right median nerve, and positive volar wrist flexion-compression test on the right. EMG/NCV (10/7/14) report revealed minimally abnormal nerve conduction velocity study of the right median nerve. Treatment requested is redo right carpal tunnel release with external neurolysis and rotation of vascularized adipofascial flap from the right hypothenar eminence, to the right carpal tunnel if indicated at surgery by presence of perineural scar tissue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Post-op Therapy 2x5: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post surgical therapy carpal tunnel release.

Decision rationale: MTUS allows up to 8 sessions of physical therapy following carpal tunnel release. The surgeon is planning a much more extensive operation involving a neurolysis of the median nerve and likely a tenolysis of the flexor tendons. A flap will be used. Given that the surgery will be more extensive, additional therapy is warranted. According to the Postsurgical Treatment Guidelines and given the much more extensive surgery, this request for 10 sessions of post-operative therapy is medically necessary.