MAXIMUS Federal Services

Case Number:	CM14-0036220		
Date Assigned:	06/25/2014	Date of Injury:	03/15/2011
Decision Date:	08/05/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/25/2014

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 50-year-old female sales associate sustained an industrial injury on 3/15/11, relative to repeated heavy lifting.The 1/22/14 electrodiagnostic study documented median nerve slowing on the nerve conduction velocity (NCV) and a normal electromyography (EMG). The 2/24/14 treating physician report noted continued wrist and hand pain with severe functional limitations. Physical exam noted tenderness over the median nerve at the right wrist and positive Phalen's. Follow-up with the hand surgeon was recommended. The 2/24/14 orthopedic report cited right hand and forearm discomfort improved tremendously with the cortisone injection to the right wrist on 1/31/14. She reported some recurrence of symptoms. The physical exam was essentially unchanged with some positive carpal compression testing with no evidence of atrophy. Findings were positive for an abnormal hand diagram score, positive nocturnal symptoms, no underlying condition predisposing her to peripheral neuropathy and favorable transient response to cortisone injection. She had failed conservative treatment including activity modification, medication, night splints and a cortisone injection. The diagnosis was bilateral carpal tunnel syndrome with upper extremity discomfort. A carpal tunnel release was requested. The 3/14/14 utilization review denied the request for carpal tunnel release; there was only one physical sign and symptom documented which failed to meet Official Disability Guidelines criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal tunnel surgery: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery: Carpal Tunnel Release.

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

Decision rationale: The ACOEM 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. The Official Disability Guidelines recommend carpal tunnel release surgery after an accurate diagnosis of moderate or severe carpal tunnel syndrome, including electrodiagnostic testing. Guideline criteria have been met. This patient presents with positive clinical exam findings consistent with diagnostic injection test and electrodiagnostic testing. Significant pain and functional limitation are documented. The patient has an abnormal hand diagram and nocturnal pain. She has a positive compression test and Phalen's. Therefore, this request for carpal tunnel surgery is medically necessary.

Post-op occupational therapy sessions 2x week for 4 weeks, right wrist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: 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. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, this request is medically necessary.