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| Case Number: | CM14-0038147 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 12/10/2008 |
| Decision Date: | 08/13/2014 | UR Denial Date: | 03/14/2014 |
| Priority: | Standard | Application Received: | 04/01/2014 |

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 Surgeon, Hand Surgeon and is licensed to practice in Texas. 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:

The injured worker is a 55-year-old male who reported an injury on 12/10/2008 due to repetitive trauma while performing normal job duties. The injured worker reportedly sustained an injury to his cervical spine, upper and lower back, lower extremities, and right upper extremity. The injured worker's treatment history to the bilateral wrists included wrist splints, medications, and activity modifications. The injured worker underwent an electrodiagnostic study on 10/01/2013. It was documented that the injured worker had electrodiagnostic evidence of bilateral median nerve entrapment. The injured worker was evaluated on 02/26/2014 with persistent pain complaints of the left wrist. Physical findings included a positive Phalen's and Tinel's sign bilaterally. The injured worker's diagnosis included bilateral carpal tunnel syndrome. It is noted that the injured worker had been treated conservatively for approximately 6 months; however, he continued to have progressive symptoms. Surgical intervention was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left endoscopic versus Open Carpal Tunnel Release: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, (Carpal Tunnel Syndrome) Left endoscopic versus Open Carpal Tunnel Release.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The requested Left endoscopic versus Open Carpal Tunnel Release is medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends carpal tunnel release for patients who have clear physical findings supported by an electrodiagnostic study that have failed to respond to conservative treatments. The clinical documentation submitted for review does indicate that the injured worker has failed to respond to multiple conservative treatments within the last 6 months and has complaints of progressive symptoms. The injured worker's most recent clinical evaluation did support that the injured worker had physical findings consistent with carpal tunnel syndrome. Additionally, the clinical documentation did include an electrodiagnostic study that confirmed carpal tunnel syndrome and median nerve compression. Therefore, surgical intervention would be indicated in this clinical situation. The request is for endoscopic versus open carpal tunnel release. The decision for which surgical procedure to use would be made by the surgeon intra-operatively. As such, the requested Left endoscopic versus Open Carpal Tunnel Release is medically necessary and appropriate.

Medical Clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute & Chronic) Chapter; High Risk Surgical Procedures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-Operative Lab Testing (general).

Decision rationale: The requested Medical Clearance is medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not specifically address medical clearance. The Official Disability Guidelines recommend preoperative lab testing for patients who have comorbidities that could contribute to intra-operative or postoperative complications. The clinical documentation submitted for review does indicate that the injured worker is diagnosed with hypertension. Due to this diagnosis in combination with the injured worker's advanced age, medical clearance would be indicated in this clinical situation. As such, the requested Medical Clearance is medically necessary or appropriate.

Post Operative Occupational Therapy 3 times per week for 6 weeks to left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The requested Post Operative Occupational Therapy 3 times per week for 6 weeks to left wrist is not medically necessary or appropriate. The California Medical Treatment

Utilization Schedule recommends 3 physical therapy visits to 8 physical therapy visits in the postsurgical management of a carpal tunnel release. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond guideline recommendations. Therefore, the Post Operative Occupational Therapy 3 times per week for 6 weeks to left wrist is not medically necessary or appropriate.