

Case Number:	CM14-0049947		
Date Assigned:	07/07/2014	Date of Injury:	09/19/2012
Decision Date:	08/06/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/17/2014

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:

The injured worker is a 41-year-old female who reported an injury on 09/19/2012. The current diagnosis is right greater than left carpal tunnel syndrome. The injured worker was evaluated on 01/03/2014 with complaints of persistent numbness, tingling, and pain in the bilateral upper extremities. Physical examination revealed positive Tinel's and Phalen's testing, 5/5 strength, and intact sensation. Treatment recommendations at that time included authorization for bilateral carpal tunnel release. It is noted that the injured worker has been treated with bracing, stretching exercises, and vitamin B6. The injured worker underwent electrodiagnostic studies on 01/15/2013, which indicated evidence of moderately prolonged median sensory distal latencies with moderate slowing through the carpal tunnels bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT CARPAL TUNNEL RELEASE; POST OP OCCUPATIONAL THERAPY 2X4 WEEKS.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271, Postsurgical Treatment Guidelines Page(s): 13-27.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271, Postsurgical Treatment Guidelines Page(s): 10 and 16.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, who have failed to respond to conservative management including work site modification, and who have clear clinical and special study evidence of a lesion. Carpal tunnel syndrome must be proved by positive findings on examination and supported by nerve conduction studies. As per the documentation submitted, there is mention of this injured worker's participation in previous exercise therapy. However, the previous therapy addressed the left upper extremity. There was no mention of any formal physical/occupational therapy addressing the right upper extremity. There is also no mention of a trial of previous injections for bilateral wrists. The California MTUS Guidelines further state the initial course of therapy means one-half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following endoscopic or open carpal tunnel release includes 3 to 8 visits over 3 to 5 weeks. The current request for 8 occupational therapy sessions exceeds guideline recommendations. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request is non-certified.

LEFT CARPAL TUNNEL RELEASE; POST OP OT 2X4 WEEKS.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271, Postsurgical Treatment Guidelines Page(s): 13-27.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271, Postsurgical Treatment Guidelines Page(s): 10 and 16.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, who have failed to respond to conservative management including work site modification, and who have clear clinical and special study evidence of a lesion. Carpal tunnel syndrome must be proved by positive findings on examination and supported by nerve conduction studies. As per the documentation submitted, there is mention of this injured worker's participation in previous exercise therapy. However, there is no mention of a trial of previous injections for the bilateral wrists. The California MTUS Guidelines further state the initial course of therapy means one-half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following endoscopic or open carpal tunnel release includes 3 to 8 visits over 3 to 5 weeks. The current request for 8 occupational therapy sessions exceeds guideline recommendations. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request is non-certified.