

<b>Case Number:</b>	CM14-0062730		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/11/2011
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Physical Medicine and Rehabilitation 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 female complains of bilateral tingling and numbness in the median nerve distribution. She also has triggering of her right thumb and middle finger. Her hands are painful. Carpal tunnel release was performed in January 2013 but nerve conduction testing on 2/17/14 showed bilateral carpal tunnel syndrome, right worse than left. Splinting, rest and steroid injections for the trigger fingers have not improved her symptoms. Right carpal tunnel release and right thumb and long finger trigger releases are planned.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right carpal tunnel release and right thumb and middle finger:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. 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 carpal tunnel release is medically necessary. According to the ACOEM guidelines, Chapter 11, page 270, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with

an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken." This patient has significant symptoms of carpal tunnel syndrome, an exam consistent with carpal tunnel syndrome and positive electrodiagnostic studies for median nerve compression. Per the ACOEM guidelines, carpal tunnel release is medically necessary. Trigger finger releases are medically necessary. The ODG guidelines recommend trigger finger release "when symptoms persist" despite steroid injections. Likewise, the ACOEM guidelines indicate that, "A procedure under local anesthesia may be necessary to permanently correct persistent triggering." This patient's trigger finger has persisted despite steroid injections. Trigger finger release is medically necessary.

**Post op cold flow unit:** 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)-continuous-flow cryotherapy units.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27.

**Decision rationale:** MTUS and ACOEM do not address cryotherapy following carpal tunnel release. Per the ACOEM chapter titled "Elbow Complaints" page 27, "Only one quality study is available on cryotherapy and none on heat. Benefits have not been shown. These options are low cost (as at-home applications), have few side effects, and are not invasive. Thus, while there is insufficient evidence, at-home applications of heat or cold packs are recommended" At home cold packs should be sufficient for this patient.

**Post op physical therapy 3 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Postoperative therapy, pages 15-16 Page(s): 15-16.

**Decision rationale:** MTUS postoperative recommendations: Trigger finger (ICD9 727.03): Postsurgical treatment: 9 visits over 8 weeks \* Postsurgical physical medicine treatment period: 4 months Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks \* Postsurgical physical medicine treatment period: 3 months Postsurgical treatment (open): 3-8 visits over 3-5 weeks \* Postsurgical physical medicine treatment period: 3 months A total of nine visits is consistent with the guidelines. The request for 12 visits is not medically necessary.