

<b>Case Number:</b>	CM14-0070671		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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:

This 53-year-old female scan coordinator sustained an industrial injury on 2/8/13 due to repetitive job tasks. Past medical history was positive for anxiety attacks. The 1/24/14 electrodiagnostic testing suggested a slight degree of right median sensory neuropathy at or about the wrist line. The 1/29/14 QME exam noted complaints of intermittent right hand paresthesias occurring 2 to 3 times a day, and relieved with repetitive grasping and shaking her hand. Records indicated conservative treatment with night splint, anti-inflammatory medication, pain medication, physical therapy, and activity modification. The 4/15/14 treating physician report cited intermittent right shoulder and elbow pain, and continued right wrist pain with numbness and tingling of the fingers. Right upper extremity pain was aggravated by movement. Right wrist exam documented tenderness to the flexor carpi radialis and flexor digitorum superficialis. There was decreased sensation in the thumb, index, middle and ring fingers. Tinel's and Phalen's were positive. The patient was 5'6" and 173 pounds. The patient has had conservative treatment with continued right wrist symptomatology. Authorization was requested for right carpal tunnel release, pre-op clearance, cold therapy unit, and post-op physical therapy. The patient was temporarily totally disabled. The 4/23/14 utilization review denied the carpal tunnel release and associated requests as guidelines criteria had not been met relative to conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Carpal Tunnel Release (CTR) surgery:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**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. Criteria include failure to respond to conservative management, including worksite modification. Guideline criteria have been met. This patient presents with subjective complaints, clinical exam findings, and electrodiagnostic evidence consistent with carpal tunnel syndrome. Guideline-recommended conservative treatment has been tried and has failed to provide sustained relief. Therefore, this request is medically necessary.

**Pre-operative Clearance with internist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met. Overweight middle-aged females have known occult increased medical/cardiac risk factors. Given these clinical indications, this request is medically necessary.

**Cold Unit times 7 days:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, Continuous cold therapy (CCT).

**Decision rationale:** The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous cold therapy is an option for up to 7 days in the post-operative setting following carpal tunnel release. Patients who used continuous cold therapy showed significantly greater reduction in pain, edema (wrist circumference), and narcotic use

postop than did those using ice therapy. This request is consistent with guidelines and medically necessary.

**Sling:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266, 272.

**Decision rationale:** The California MTUS states the prolonged post-operative splinting is not recommended. The Official Disability Guidelines state that two prospective randomized studies show that there is no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. In fact, splinting the wrist beyond 48 hours following CTS release may be largely detrimental, especially compared to a home physical therapy program. Given the lack of guideline support for long-term use, this request is not medically necessary.

**Post-operative Physical Therapy 2 times a week for 8 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California 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. Guideline criteria have not been met. This request for 16 visits markedly exceeds the general recommended course of post-op physical therapy for carpal tunnel release. Therefore, this request is not medically necessary.