

Case Number:	CM14-0075763		
Date Assigned:	07/18/2014	Date of Injury:	01/16/2002
Decision Date:	08/15/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	05/23/2014

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 Psychologist and is licensed to practice in Oregon. 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 developed bilateral wrist pain while in the course of employment in about 2002. She was initially managed with conservative care including medication and physical therapy. The symptoms failed to improve. On 12/19/03, she underwent right open carpal tunnel surgery. On 02/04/04, the sutures were removed. Her condition was declared permanent and stationary on 03/11/04 and provisions were made for future medical care including left carpal tunnel release. She continued to perform regular duty. Over the past couple of years, the symptoms have gotten progressively worse. The claimant retired on 02/20/14. Examination shows positive Phalen's test and carpal compression test. The EMG/NCS of the left upper extremity on 03/21/14 showed left moderate carpal tunnel syndrome. The provider recommends neutral wrist brace at night and over the counter NSAIDs. Surgery is not recommended but may be a candidate at a later date if conservative measures fail.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endoscopic vs Open Left Carpal Tunnel Release: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Syndrome Procedure Summary last Updated 2/20/14.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 240.

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. The 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.

Preoperative Cardiac Clearance/EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Updated 5/10/13; Preoperative Testing.

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." (American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology*. 2012 Mar;116(3):522-38).

Decision rationale: Important clinical characteristics may include cardiocirculatory disease, respiratory disease, and type or invasiveness of surgery. The Task Force recognizes that ECG abnormalities may be higher in older patients and in patients with multiple cardiac risk factors. An ECG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a preanesthesia evaluation. Age alone may not be an indication for ECG. Preoperative EKG is not indicated because the patient does not have any known risk factors.

Postoperative Occupational Therapy 3 per Week x 4 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical treatment guidelines.

Decision rationale: The MTUS guidelines for carpal tunnel surgery support up to 8 visits following carpal tunnel surgery. The request for 12 visits exceeds the MTUS recommendations.