

<b>Case Number:</b>	CM14-0152070		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	10/27/2012
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Plastic Surgery, has a subspecialty in Hand Surgery 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 39-year-old female has a date of injury of 10/27/12. She complains of numbness and tingling involving the long and ring fingers. Durkan and Phalen testing are positive. NCV from 1/2/14 shows minimal right carpal tunnel syndrome. She is diagnosed with carpal tunnel syndrome. Release with adjunct procedures is planned.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right wrist flexor tenosynovectomy with carpal tunnel release; decompression arterial arch (palmer arch); neurolysis median nerve with use of 3.5 x power lenses; tenolysis of flexor tendon right wrist; fasciotomy distal antebrachial fascia; exploration with epineurolysis median nerve right wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270.

**Decision rationale:** The patient has symptoms consistent with carpal tunnel syndrome but nerve conductions testing shows minimal median nerve slowing. According to ACOEM, "CTS may be treated for a similar period with a splint and medications before injection is considered, except in the case of severe CTS (thenar muscle atrophy and constant paresthesias in the median

innervated digits). Outcomes from carpal tunnel surgery justify prompt referral for surgery in moderate to severe cases, though evidence suggests that there is rarely a need for emergent referral." The records do not document a trial of conservative therapy including splinting. Moreover, according to ACOEM, 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 postsurgery results" This patient has minimal nerve conduction abnormalities on testing and could potentially benefit from a trial of medical management. The requested carpal tunnel release and ancillary procedures are all not medically necessary because the patient has not had a trial of conservative care.

**Pre-Operative labs: CBC, Chem 12, PT, PTT, UA:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**TENS Unit Plus Supplies (5 month rental):** 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 Transcutaneous electrotherapy Page(s): 114.

**Decision rationale:** According to the California MTUS Guidelines transcutaneous electrotherapy is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions neuropathic pain, CRPS II and for CRPS I. A TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. While TENS does not appear to be effective in reducing spasticity in Multiple sclerosis (MS) patients it may be useful in treating MS patients with pain and muscle spasm. The patient does not have any of these conditions; therefore, the request is not medically necessary.

**Micro Cool:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**DVT Compression Pump with Sleeves for 2-4 weeks (rental): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Wrist Brace: Overturned**

**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.

**Decision rationale:** ACOEM supports use of a wrist brace as a component of conservative treatment for carpal tunnel syndrome.

**Smart Glove: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Home Exercise Kits for Right Hand/Wrist: 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 Exercise Page(s): 46-47.

**Decision rationale:** According to the California MTUS Guidelines, there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A

therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. Documentation provided for review does not suggest what the home exercise kit for the hands consists of. While it is acknowledge that this patient needs additional treatment and that a home exercise kit could be beneficial, without documentation of what the "kit" consists of, the request must is not medically necessary.

**Post-Operative Acupuncture (12 sessions, 2 times a week for 6 weeks for the right wrist):**  
Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post-Operative Physiotherapy (12 sessions, 2 times a week for 6 weeks for the right wrist):**  
Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.