

Case Number:	CM14-0169276		
Date Assigned:	10/17/2014	Date of Injury:	06/04/2012
Decision Date:	01/05/2015	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/14/2014

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 Surgeon 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 is a 45 year old female with a 6/4/12 injury date. In a 9/30/14 note, the patient continued to complain of right hand numbness and pain despite a recent cortisone injection near the median nerve. The pain and numbness occurs especially at night and she uses a night splint. Objective findings included tenderness over the thenar muscles, and positive Tinel's and Phalen's. Electrodiagnostic studies from 4/10/14 confirmed mild to moderate bilateral carpal tunnel syndrome. In a recent UR appeal on 10/14/14, the procedure was approved because there was a recent cortisone injection that failed a positive electrodiagnostic study, and positive objective findings on physical exam. Diagnostic impression: right carpal tunnel syndrome. Treatment to date: right carpal tunnel release (7/13/12), medications, physical therapy, injections, bracing. A UR decision on 9/16/14 denied the request for revision right carpal tunnel release because there was no documentation of failed conservative treatment. The request for post-op physical therapy was denied because the surgical procedure was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision right carpal tunnel release: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Carpal Tunnel Syndrome Chapter--Carpal tunnel release

Decision rationale: CA MTUS criteria for carpal tunnel release include failure of non-operative treatment or severe symptoms such as continuous tingling and numbness; most patients should have had at least 1 glucocorticosteroid injection; and patients who do not have a glucocorticosteroid injection that results in at least partial benefit should have an electrodiagnostic study (EDS) consistent with CTS. However, there was recent night splinting and a cortisone injection that failed a positive electrodiagnostic study, and positive objective findings on physical exam. In addition, a recent UR appeal decision approved the request for revision carpal tunnel release. Therefore, the request for revision right carpal tunnel release is medically necessary.

Post-op PT 2x4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS supports 3-8 physical therapy sessions over 3-5 weeks after open carpal tunnel release surgery. Given the approval of the procedure and the request for 8 total sessions, the post-op physical therapy is appropriate. Therefore, the request for post-op PT 2x4 is medically necessary.