

<b>Case Number:</b>	CM14-0179210		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	09/29/2010
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 female has a history of numbness and tingling of her fingers. Nerve conduction testing shows severe right carpal tunnel syndrome. She also has pain in her first extensor compartment region consistent with DeQuervains tenosynovitis. Her surgeon recommends first compartment release and carpal tunnel release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Endoscopic Carpal Tunnel Release. Dorsal compartment right.:** Upheld

**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 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 severe median nerve compression. Per the ACOEM guidelines, carpal tunnel release is medically necessary. First compartment release is not medically necessary. Per the ACOEM guidelines, Chapter 11, page 266, "DeQuervains tendinitis, if not severe, may be treated with a wrist-and-thumb splint and acetaminophen, then NSAIDs, if tolerated, for four weeks before a corticosteroid injection is considered." Per the ACOEM guidelines, Chapter 11, page 271, "The majority of patients with DeQuervains syndrome will have resolution of symptoms with conservative treatment. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervains tendinitis. Surgery, however, carries similar risks and complications as those already mentioned above (see A, "Carpal Tunnel Syndrome"), including the possibility of damage to the radial nerve at the wrist because it is in the area of the incision." The records do not document a trial of medical management with steroid injections. Therefore, this request is not medically necessary.

**Hakomed Treatment x 5 days:** 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 Interferential Current Stimulation (ICS) Page(s): 119.

**Decision rationale:** The treating physician did not provide adequate information regarding the nature of this device and its indications. It appears from the available records that it is a form of interferential stimulation and that it was intended for acute post-operative use. Since the proposed procedures are not medically necessary, none of the associated treatments, including interferential stimulation are medically necessary.

**Occupational Therapy 3 x 4 sessions right 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 Postoperative therapy, Carpal Tunnel Release.

**Decision rationale:** Per the MTUS, a maximum of 8 sessions are allowed after carpal tunnel release and an initial course of therapy after radial styloid tenosynovitis (de Quervain's) release is 7 visits. The surgeon is requesting 12 sessions, which exceeds the guidelines. And, since the proposed procedures are not medically necessary, none of the associated treatments, including physical therapy, are medically necessary.