

<b>Case Number:</b>	CM14-0189780		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	02/13/2001
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 42 year old female was sustained injury on 2/13/01 after a patient fell on her right arm. At that time she experienced immediate pain in her neck and right upper extremity. She was seen by a physician that same day. Her diagnoses include cervical strain and right carpal tunnel syndrome. She has been through physical therapy per 9/12/14 documentation but effect on her symptoms was not available. Use of her right hand increases her symptoms and Tramadol relieves the discomfort. Her treatments to date include Tramadol, Advil, and hot patches and she wears a splint at night. As of 9/12/14 her symptoms are right wrist pain and numbness radiating to her right hand and elbow. Her cervical range of motion is abnormal but no complaints of pain with range of motion. She exhibits paraspinal musculature tenderness on palpation on the right side and tenderness on palpation in her right trapezius musculature. She has a positive Phalen's test at this time. As of 10/30/14 the injured workers work status was full duty. Since her right carpal tunnel syndrome is worsening another round of neurodiagnostic testing is requested and surgery to follow if approved. On 11/11/14 her evaluation revealed possible brachial plexus abnormality and cervical radiculopathy. Sensory examination was intact. Musculoskeletal exam was unremarkable. However, further testing was requested. On 11/21/2014, the injured worker underwent an EMG/NCS of the upper extremities which revealed significant compressive neuropathy of the right median nerve at the wrist. There was no sign of brachial plexus abnormality and no sign of cervical motor radiculopathy. The medical treatment plan was for the injured worker to undergo carpal tunnel release and physical therapy. The rationale was not submitted for review. The request for authorization was submitted on 10/31/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The request for 12 Physical therapy sessions is not medically necessary. The guideline recommendations state that initial postop therapy for Carpal Tunnel Release may justify 3 to 5 visits over 4 weeks after surgery. The guidelines further state that with evidence of functional improvement, physical medicine may be up to 3 months. There is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). Benefits need to be documented after the first week, and prolonged therapy visits are not supported. The request as submitted is for 12 sessions, exceeding recommended guidelines. As such, the request is not medically necessary.

**Carpal Tunnel Release:** 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): 270-271.

**Decision rationale:** The request for Carpal Tunnel Release is medically necessary. The California Medical Treatment Utilization Schedule/American College of Occupational and Environmental Medicine guidelines state that surgical considerations may be considered for CTR when patients show signs of red flag, show failure to respond to conservative management, including worksite modifications, and/or have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. The documentation submitted for review indicated that the injured worker had failed conservative care to include, Tramadol, Advil, hot patches, night splints and physical therapy. Furthermore, the EMG obtained on 11/21/2014 revealed significant compressive neuropathy of the right median nerve at the wrist. Given the above, the injured worker is within guideline criteria. As such, the request for Carpal Tunnel Release is medically necessary.