

Case Number:	CM14-0198000		
Date Assigned:	12/08/2014	Date of Injury:	05/11/2014
Decision Date:	01/20/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/25/2014

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 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:

According to the records made available for review, this is a 68-year-old male with a 5/11/14 date of injury, and status post right carpal tunnel release 2012. At the time (11/13/14) of request for authorization for surgery revision right carpal tunnel release, right wrist median nerve neurolysis and hypothenar fat pad flap transposition, right wrist injection intra op block, occupational therapy post-op, post-op occupational therapy two times a week for four weeks quantity: 8, and pre-op medical clearance with EKG and labs, there is documentation of subjective (pain, numbness, and tingling on central 3 fingers; pain in the shoulder and arm at night, tingling in fingers with pain in the proximal palm present day and night) and objective (positive Phalen's and Durkan's, decreased sensation in the right hand, except the small finger) findings, imaging findings (electrodiagnostic study (7/21/14) report revealed mild median neuropathy at the right wrist), current diagnoses (recurrent right carpal tunnel syndrome), and treatment to date (injection, medications, splinting, and activity modification).

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery: revision right carpal tunnel release, right wrist median nerve neurolysis and hypothenar fat pad flap transposition: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Carpal tunnel release surgery (CTR)

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of positive findings on clinical examination and the diagnosis should be supported by nerve conduction, as criteria necessary to support the medical necessity of carpal tunnel release. ODG identifies documentation of at least 2 symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)), at least 2 findings by physical exam (Durkan's compression test, Semmes-Weinstein monofilament test, Phalen Sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness (thumb abduction), no current pregnancy, at least 3 conservative treatment measures attempted (activity modification greater than/equal to 1 month, wrist splint greater than/equal to 1 month, non-prescription analgesia, physical therapy referral for home exercise training, and/or successful initial outcome from corticosteroid injection trial (optional)), and positive electrodiagnostic testing, as criteria necessary to support the medical necessity of carpal tunnel release. Within the medical information available for review, there is documentation of diagnosis of recurrent right carpal tunnel syndrome. In addition, there is documentation of positive findings on clinical examination supported by nerve conduction, and failure of conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for surgery revision right carpal tunnel release, right wrist median nerve neurolysis and hypothenar fat pad flap transposition is medically necessary.

Right wrist injection intra op block: 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): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Carpal tunnel release surgery (CTR)

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of positive findings on clinical examination and the diagnosis should be supported by nerve conduction, as criteria necessary to support the medical necessity of carpal tunnel release. ODG identifies documentation of at least 2 symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)), at least 2 findings by physical exam (Durkan's compression test, Semmes-Weinstein monofilament test, Phalen Sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness (thumb abduction), no current pregnancy, at least 3 conservative treatment measures attempted (activity modification greater than/equal to 1 month, wrist splint greater than/equal to 1 month, nonprescription analgesia, physical therapy referral for home exercise training, and/or successful initial outcome from corticosteroid injection trial (optional)), and positive electrodiagnostic testing, as criteria necessary to support the medical necessity of carpal tunnel release. Within the medical information available for review, there is documentation of diagnosis of recurrent right carpal tunnel syndrome. In addition, there is documentation of positive findings on clinical examination supported by nerve

conduction, and failure of conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for right wrist injection intra op block is medically necessary.

Occupational therapy-post -op post-op occupational therapy two times a week for four weeks quantity: 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 8 visits of post-operative physical therapy over 5 weeks and post-surgical physical medicine treatment period of up to 3 months. In addition, MTUS postsurgical treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnosis of recurrent right carpal tunnel syndrome. In addition, there is documentation of a pending surgery that is medically necessary. However, given that the request is for post-op occupational therapy two times a week for four weeks quantity: 8, the proposed number of visits exceeds guidelines (for an initial course of physical therapy following surgery). Therefore, based on guidelines and a review of the evidence, the request for occupational therapy post-op, post-op occupational therapy two times a week for four weeks quantity: 8 are not medically necessary.

Pre-Op medical clearance with EKG and labs: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative lab testing

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide post-operative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnosis of recurrent right carpal tunnel syndrome. In addition, there is documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for occupational therapy post-op, post-op occupational

therapy two times a week for pre-op medical clearance with EKG and labs is medically necessary.