

Case Number:	CM14-0205893		
Date Assigned:	12/17/2014	Date of Injury:	04/13/2013
Decision Date:	02/11/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/09/2014

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:

This is a 59 year old male with a 4/13/13 injury date. An 8/19/14 right upper extremity electrodiagnostic study revealed moderate to severe carpal tunnel syndrome. In an 11/19/14 note, the patient complained of increasing symptoms in the right hand with nocturnal awakening, numbness, tingling, and pain. Objective findings included a positive Tinel's sign and a positive median nerve compression test. Diagnostic impression: right carpal tunnel syndrome. Treatment to date: medications. A UR decision on 12/3/14 approved requests for right carpal tunnel release, pre-op history and physical, EKG, and labs. The decision denied the requests for right fasciotomy and post-op custom orthosis but the rationale was not included in the documentation. The request for post-op right hand occupational therapy 12 sessions was modified to allow for 4 sessions only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right fasciotomy: Upheld

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): Forearm, Wrist, and Hand Chapter--Fasciotomy.

Decision rationale: CA MTUS does not address this issue. ODG states that fasciotomy should be used in all cases of suspected compartment syndrome, after measurement of compartment pressure to exclude this diagnosis. However, the available documentation is quite limited in this case and it does not appear that the patient has a diagnosis of compartment syndrome. In addition, it is not clear why a fasciotomy was recommended. The patient clearly has right carpal tunnel syndrome, and the request for carpal tunnel release has already been approved. Therefore, the request for right fasciotomy is not medically necessary.

Associated surgical service: Post op right hand occupational therapy x12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS supports 3-8 sessions of occupational therapy after open carpal tunnel release surgery. However, the request for 12 sessions was already modified to allow for 4 sessions only, and there is no additional information that would justify an approval of more than 3-8 initial post-op sessions. Therefore, the request for post-op right hand occupational therapy x 12 is not medically necessary.

Associated surgical service: Post op custom orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Carpal Tunnel Syndrome Chapter--Splinting.

Decision rationale: CA MTUS does not address this issue. According to ODG, two prospective randomized studies show that there is no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. In fact, splinting the wrist beyond 48 hours following CTS release may be largely detrimental, especially compared to a home physical therapy program. However, there is no information in the available documentation that would justify the use of a custom orthosis during the post-op period after carpal tunnel release. Therefore, the request for post-op custom orthosis is not medically necessary.