

Case Number:	CM14-0206207		
Date Assigned:	12/16/2014	Date of Injury:	03/18/2011
Decision Date:	05/22/2015	UR Denial Date:	12/04/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54-year-old female who reported an injury on 03/18/2011. The mechanism of injury was the injured worker was escorting a student as the building was in lockdown, and there was a crowd of students rioting. The injured worker and 2 other staff members were attempting to hold 100 to 300 students back and injured her right shoulder and right arm. The injured worker underwent right hand carpal tunnel release on 11/25/2014. The injured worker underwent electrodiagnostic studies on 09/08/2014, which revealed bilateral carpal tunnel syndrome, moderate in degree. Prior treatments included restriction of activity, splinting, injections, and medications. The documentation of 12/03/2014 revealed the injured worker had a carpal tunnel release on the right. The examination revealed the injured worker had a positive Tinel's on the left and a positive Phalen's on the left. There was diminished sensation to the index and middle fingers on the left. The diagnoses included right hand carpal tunnel syndrome, status post carpal tunnel release, left hand carpal tunnel syndrome. The treatment plan included a request for authorization for bilateral wrist braces. There was no specific physician documentation requesting a left carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME cold unit rental for 21 days thru team post-op: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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, Continuous cold therapy (CCT).

Decision rationale: The Official Disability Guidelines indicate that continuous cold therapy is recommended in the postop setting for no more than 7 days. The clinical documentation submitted for review failed to provide a rationale for 21 days. The request for 21 days is excessive. Given the above, the request for DME cold unit rental for 21 days thru team post-op is not medically necessary.

Post-Op Physical Therapy 3x4 to the Right Hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS Postsurgical Guidelines indicate that 8 sessions are appropriate postoperatively for a carpal tunnel release, and the initial therapy should be one half the recommended number office visits, which would be 4. The request for 12 visits is excessive. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Post-Op Physical Therapy 3x4 to the Right Hand is not medically necessary.

Left Carpal Tunnel Release Six Weeks After Right Carpal Tunnel Release: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Carpal Tunnel.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that a referral for hand surgery consultation may be indicated for injured workers who have red flags of a serious nature; fail to respond to conservative management, including worksite modifications and who 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. Carpal Tunnel Syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. The clinical documentation submitted for review indicated the injured worker had objective findings bilaterally per physical examination and per electrodiagnostic studies. These requests would be supported. Given the above, the request for Left Carpal Tunnel Release Six Weeks after Right Carpal Tunnel Release is medically necessary.