

Case Number:	CM14-0217575		
Date Assigned:	01/07/2015	Date of Injury:	03/08/2013
Decision Date:	02/28/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/29/2014

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic Surgery

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 62 year old female with a reported industrial injury on March 8, 2013, when she sustained cumulative trauma industrial injuries while working a packer. She is noted to have a history of diabetes. The injured worker was seen on September 22, 2014, for follow-up visit with primary treating physician. The physical exam of the left wrist revealed well healed non-tender incision without signs of infection, tenderness to palpation over the flexor/extensor compartment, carpal canal and first dorsal compartment, there is positive Phalens and median nerve compression sign, mildly positive Finkelstein's sign and satisfactory range of motion to digits. There is patchy decreased sensation in the bilateral upper extremities in the median nerve distribution. A request on December 18, 2014 by the hand surgeon for the authorization of left open carpal tunnel release which states the injured worker had an electromyogram (EMG) in January 2014 which indicated a moderately severe compromise of the median nerves at the carpal tunnels in both upper extremities. The medical treatment is pain medication. Diagnoses are Left wrist carpal tunnel syndrome and tendinitis, left thumb basal joint and early degenerative joint disease, status post de Quervain's release in 2011, right wrist carpal tunnel syndrome and tendinitis, de Quervain's tenosynovitis and right thumb basal joint early degenerative joint disease. The treatment recommendation included, Tramadol and Protonix. The injured worker was also seen on December 15, 2014, which was a follow up for the right handed carpal tunnel release at which time the documentation covers the right hand examination. Documentation from an initial hand surgery consultation dated 8/20/14 notes 'some atrophy' on the left side, significantly abnormal sensory examination and weakness. Diagnoses include

bilateral severe carpal tunnel syndrome. No further steroid injections are recommended based on her history of diabetes. On December 9, 2014, the provider requested Left Wrist Open Carpal Tunnel Release under Local Anesthesia, Post op Occupational Therapy 3x4 and Post op Splint, on December 16, 2014, the Utilization Review non-certified the request, the decision was based on the California Medical treatment utilization schedule (MTUS) guidelines and American College of Occupational and Environmental Medicine (ACOEM). Reasoning given was that failure of conservative measures was not documented and supportive EMG studies were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Wrist Open Carpal Tunnel Release under Local Anesthesia: 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): 265.

Decision rationale: The patient is a 62 year old female with a history of diabetes who has signs and symptoms of possible severe carpal tunnel syndrome with stated electrodiagnostic studies from 1/2014 documenting a bilateral moderate/severe carpal tunnel syndrome. She underwent relatively recent right carpal tunnel release and with documented improvement in her condition on that side. The patient is documented to have thenar atrophy on the left side, which is generally a late sign of severe median nerve compromise. Thus, it is reasonable to consider more prompt surgical release given the severity without the standard recommended conservative measures. From ACOEM page 265, 'CTS may be treated for a similar period with a splint and medications before injection is considered, except in the case of severe CTS (thenar muscle atrophy and constant paresthesias in the median innervated digits). Outcomes from carpal tunnel surgery justify prompt referral for surgery in moderate to severe cases, though evidence suggests that there is rarely a need for emergent referral. This addresses one of the reasons for denial of the carpal tunnel release. It appears the documentation suggesting thenar atrophy was not available to the UR reviewer. In addition, the patient's electrodiagnostic studies are stated to show moderate/severe median nerve compromise. Although the actual study was not provided, the stated results appear consistent with the clinical picture of a severe condition. Thus, the patient has signs and symptoms of probable severe carpal tunnel syndrome supported by stated electrodiagnostic studies and thus should be considered medically necessary.

Post op Occupational Therapy 3x4: 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: Left carpal tunnel release was considered medically necessary. Physical therapy following this should be considered medically necessary as outlined from post-surgical treatment guidelines: There is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to the maximums shown below. Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks* Postsurgical physical medicine treatment period: 3 months Postsurgical treatment (open): 3-8 visits over 3-5 weeks* Postsurgical physical medicine treatment period: 3 months. Thus, the request for 12 post surgical physical therapy visits would exceed these guidelines. Initially, 3-5 visits over 4 weeks would be consistent with guidelines and further therapy could be considered depending on clinical factors.

Post op Splint: Upheld

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 rationale: The left carpal tunnel release was considered medically necessary. ACOEM from page 270 directly addresses post-operative splinting following carpal tunnel release. "Two prospective randomized studies show 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 therapy program. Thus, a post-operative splint following standard carpal tunnel release should not be considered medically necessary.