

<b>Case Number:</b>	CM15-0102691		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	03/12/2015
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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, Hand 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 45-year-old male, who sustained an industrial injury on 3/12/2015. The current diagnoses are bilateral lateral epicondylitis and bilateral carpal tunnel syndrome. According to the progress report dated 4/22/2015, the injured worker complains of bilateral elbow/hand/wrist pain with associated numbness and tingling of the thumb, index, and ring fingers bilaterally. The level of pain is not rated. The physical examination of the right hand/wrist reveals decreased grip strength, positive carpal tunnel compression test, and diminished sensation to light touch in the thumb, index, and long fingers. The current medication list is not available for review. Treatment to date has included medication management, x-rays, physical therapy, and electro diagnostic studies. The plan of care includes carpal tunnel release of right wrist, outpatient with assistant PA, medical clearance, 30-day interferential unit rental, cold therapy unit purchase, and 12 post-op physical therapy sessions to the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carpal Tunnel Release of right wrist, outpatient with assistant PA: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation ODG, Assistant PA.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-270. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed. Pages 986-990.

**Decision rationale:** The California MTUS notes, "traditional findings of carpal tunnel syndrome have limited specific diagnostic value" and recommends the diagnosis be confirmed by electro diagnostic testing. The records in this case suggests such testing was performed, but that has not been provided for review. Surgical technique is beyond the scope of the California MTUS, but discussed in detail in the specialty text referenced. Carpal tunnel release surgery even when performed with a traditional open approach requires only a 2-3 cm incision, this is a small surgery and a surgical assistant is not necessary.

**Consultation for medical clearance:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Medical clearance.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Noncardiac Surgery: Guidelines and Recommendations MOLLY A. FEELY, MD; C. SCOTT COLLINS, MD; PAUL R. DANIELS, MD; ESAYAS B. KEBEDE, MD; AMINAH JATOI, MD; and KAREN F. MAUCK, MD, MSc, Mayo Clinic, Rochester, Minnesota Am Fam Physician. 2013 Mar 15;87(6):414-418.

**Decision rationale:** An extensive systematic review referenced above concluded that there was no evidence to support routine preoperative testing. More recent practice guidelines recommend testing in select patients guided by a preoperative risk assessment based on pertinent clinical history and examination findings, although this recommendation is based primarily on expert opinion or low-level evidence. The single note from the requesting surgeon of April 20, 2015 lists no medical history, but a March 12, 2015 report from [REDACTED] documents the patient is a former smoker with severe obesity, hypertension and diabetes and therefore evaluation by primary physician prior to surgery is reasonable.

**IF unit - 30 day rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 118-120.

**Decision rationale:** The California MTUS notes that interferential current stimulation is, "not recommended as an isolated intervention" and that there is "no quality evidence of effectiveness" (page 118). There is no scientific evidence of the effectiveness of such treatment in this setting of patients following carpal tunnel release surgery. Therefore, not medically necessary.

**Cold Therapy unit - purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Continuous cold therapy (CCT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Shoulder Elbow Surg. 2015 Mar 27. pii: S1058-2746(15)00077-4. doi: 10.1016/j.jse.2015.02.004. [Epub ahead of print] Compressive cryotherapy versus ice-a prospective, randomized study on postoperative pain in patients undergoing arthroscopic rotator cuff repair or subacromial decompression. Kraeutler MJ1, Reynolds KA2, Long C2, McCarty EC2.

**Decision rationale:** The California MTUS is silent on commercial cold therapy units following carpal tunnel release surgery. While cooling after surgery is reasonable, that can be accomplished with readily available materials such as a bag of ice. There have been studies of such commercial units compared to simple icing such as the one referenced above and those have failed to demonstrate any advantage of the commercial units. There is no scientific evidence of efficacy of the proposed cold therapy unit, which is determined to be unnecessary.

**Post-Op Physical Therapy to right wrist 3 times a week for 4 weeks:** Upheld

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

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

**Decision rationale:** The California MTUS notes that, there is limited evidence demonstrating effectiveness of therapy for carpal tunnel syndrome and, carpal tunnel release surgery is a relatively simple operation that should not require extensive therapy visits for recovery (page 15). The guidelines support 3-8 therapy sessions over 3-5 weeks after carpal tunnel release surgery (page 16). An initial course of therapy is defined as one half the maximal number of visits (page 10) 4 sessions following carpal tunnel surgery. Additional therapy sessions up to the maximum allowed is appropriate only if there is documented functional improvement defined as clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment (page 1). The requested 12 post-operative sessions exceeds guidelines and is not supported.