

<b>Case Number:</b>	CM15-0106096		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	04/13/2008
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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 was a 55 year old female, who sustained an industrial injury, April 13, 2008. The injured worker previously received the following treatments EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities which revealed minimal right carpal tunnel syndrome on the right, cervical spine MRI, physical therapy and right hand splint. The injured worker was diagnosed with radial styloid tenosynovitis of the right hand, extensor tenosynovitis of the wrist, trigger finger, lateral epicondylitis, sprain neck, cervicgia and carpal tunnel syndrome of the right wrist. According to progress note of April 30, 2015, the injured workers chief complaint was chronic right wrist and forearm pain. The injured worker was experiencing occasional numbness and tingling in the fingers and hand. The injured worker reported a 50% decrease in pain and numbness for the past three weeks, after a cortisone injection. The physical exam noted fairly diffuse tenderness with palpation over the dorsal wrist. There was tenderness also over the thenar eminence. There was good range of motion of the right wrist with extension and flexion. There was good radial and ulnar deviation with pain. The pain was significant with wrist extension. There was some mild pain with thumb abduction and extension. The Tinel's sign was positive over the carpal tunnel. There was tingling in the fingers and thumb with compression test and Phalen's maneuver. The treatment plan included right carpal tunnel release surgery and postoperative occupation therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy 2 times a week for 6 weeks right wrist: 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 therapy sessions exceeds guidelines and is not medically necessary.

**Right wrist Carpal Tunnel Release: Upheld**

**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): 260-270.

**Decision rationale:** In this case, only a minority of reported symptoms are consistent with a diagnosis of carpal tunnel syndrome. The California MTUS notes that traditional findings of carpal tunnel syndrome have limited specific diagnostic value (page 258) and recommends the diagnoses be supported by electrodiagnostic testing. The records indicate such testing was performed, but that was not provided for review. Reviewed records suggest electrodiagnostic abnormalities were minimally suggestive of carpal tunnel syndrome and consistent with chronic radicular symptoms from the neck, which would explain a greater percentage of the patient's diffuse symptoms. The California MTUS notes that patients with the mildest carpal tunnel syndrome have the poorest postsurgical results and that surgery will not relieve any symptoms from cervical radiculopathy (page 270). In this case, with diffuse symptoms, only a minority of which could be attributed to carpal tunnel syndrome and in the absence of electrodiagnostic evidence of substantial median neuropathy at the wrist, the request for carpal tunnel compression surgery is not medically necessary.