

Case Number:	CM15-0106397		
Date Assigned:	06/10/2015	Date of Injury:	01/07/2010
Decision Date:	07/17/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	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 is a 34 year old female who sustained an industrial injury on 1/7/10. The injured worker was diagnosed as having bilateral carpal tunnel syndrome status post successful right open carpal tunnel release. Currently, the injured worker was with complaints of bilateral hand discomfort. Previous treatments included status post right open carpal tunnel surgery (2/27/15), medication management and hand therapy. Previous diagnostic studies included an electromyography (11/12/14) revealing moderate right carpal tunnel syndrome and mild left carpal tunnel syndrome. Physical examination was notable for left hand with tingling, right hand with noted pain along the ulnar aspect of hand and wrist. The plan of care was for left carpal tunnel release and post operation Occupational Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operational Occupational Therapy, 8 visits: 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 8 therapy sessions exceeds guidelines and is not medically necessary.

Left Carpal Tunnel Release: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-270.

Decision rationale: Records reviewed document the injured worker has symptoms of carpal tunnel syndrome which has been confirmed by electrodiagnostic testing and remains troubling despite routine symptomatic care with bracing, activity modification, anti-inflammatory medications and a home exercise program. The injured worker underwent carpal tunnel release surgery on her opposite hand with improvement and now desires to proceed with similar surgery on the left. With symptoms, her examination and electrodiagnostic testing all consistent with a diagnosis of carpal tunnel syndrome and persistent symptoms despite appropriate non-surgical treatment, the CA MTUS guidelines support carpal tunnel release as appropriate. The request is medically necessary.