

Case Number:	CM15-0130344		
Date Assigned:	07/16/2015	Date of Injury:	04/14/2010
Decision Date:	08/24/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/07/2015

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 61 year old male, who sustained an industrial injury on 4/14/10. The injured worker was diagnosed as having carpal tunnel syndrome. Treatment to date has included acupuncture, physical therapy, electrical stimulation, and medication. On 5/18/15 Tinel's sign produced right median digit numbness. Currently, the injured worker complains of shooting pain into the right wrist and thumb. The treating physician requested authorization for right carpal tunnel release and ulnar decompression and any other treatment necessitated by intraoperative findings. Other requests included post-operative hand therapy 3x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release and Ulnar Decompression and any other treatment necessitated by intraoperative findings: 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): 260-270. Decision based on Non-MTUS Citation Green's Operative

Hand Surgery, 6th ed., Chapter 30, Compression Neuropathies, Compression of the Ulnar Nerve, pages 994-1003.

Decision rationale: This is a request for "right carpal tunnel release and ulnar decompression and any other treatment necessitated by intraoperative findings." Records provided include November 22, 2010 and repeat May 18, 2015 electrodiagnostic testing with evidence of median neuropathy at the wrist with the distal median motor onset latency delayed to 4.92 ms and sensory peak latency delayed to 5.03 ms on initial testing and "slight interval worsening" on subsequent repeat May 18 2015 testing. With median neuropathy at the wrist confirmed by electrodiagnostic testing and ongoing carpal tunnel symptoms despite routine non-surgical treatment, carpal tunnel release surgery is reasonable. Ulnar nerve compression at the wrist in Guyon's canal is unusual and not addressed in the CA MTUS, but is discussed in the specialty text referenced. In this case, there is no documentation of symptoms consistent with ulnar tunnel syndrome. Electrodiagnostic testing performed on November 22, 2010 and repeated on May 18, 2015 included testing of the ulnar nerve which was normal, that is, the objective evidence is that there is no compressive ulnar neuropathy. Therefore, the requested ulnar nerve decompression surgery is unnecessary. There is no indication for exploratory surgery. Therefore, the combined request for carpal tunnel decompression, ulnar decompression and possible unspecified further surgeries is not medically necessary.

Associated Surgical Service: Post-Op Hand Therapy 3 times a week for 3 weeks: 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): 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 9 sessions exceeds initial therapy guidelines. The request is not medically necessary.