

Case Number:	CM15-0146588		
Date Assigned:	08/07/2015	Date of Injury:	06/02/2009
Decision Date:	09/25/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/28/2015

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 female who sustained an industrial injury on June 02, 2009. A neurological evaluation dated June 11, 2015 reported nerve conduction study performed with impression of bilateral carpal tunnel syndrome, worse on the left side. A doctors' first report of illness dated January 14, 2015 reported subjective complaint of left sided headache, symmetrically bilateral stiff neck pain with burning and tightness, and bilateral wrist and hand pains. She was diagnosed with chronic myofascial pain and rule out carpal tunnel syndrome. She had undergone previous left tunnel release on a prior claim. Medications are: Lyrica, and Soma. A recent primary treating follow up dated July 02, 2015 reported treating diagnoses of fibromyalgia and bilateral wrist carpal tunnel syndrome. She is to remain on a modified work duty. There is mention of the worker wishing to undergo surgical repair. The plan of care noted proceeding with surgery to involve a pre-operative medical clearance, an assistant surgeon, pre-operative testing to include: electrocardiogram, blood work up, post-operative physical therapy session, medications and wrist splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel surgery: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: This is a request for left carpal tunnel surgery which was modified by the utilization review physician to left carpal tunnel "release." Records provided indicate diffuse symptoms involving the "total body" (January 14, 2015), only some of which could be attributed to left carpal tunnel syndrome. A left carpal tunnel injection performed on May 4, 2015 was not helpful, but June 8, 2015 electrodiagnostic testing was consistent with left median neuropathy at the wrist with the distal median motor onset latency delayed to 4.9 ms and sensory peak latency delayed to 4.7 ms. Records suggest the patient underwent carpal tunnel release on the opposite side in 2005, presumably with improvement. The treating surgeon has explained to the patient which symptoms might be improved by the surgery and which will not, for example documenting on multiple occasions that the patient's reported lack of sensibility in her small finger will not be improved by carpal tunnel surgery. Although carpal tunnel release is the more commonly used term and is more descriptive, carpal tunnel syndrome and its surgical treatment are so common that it is my opinion the treating physician's intent is clear and I recommend approval of the planned surgery for decompression of the left median nerve in the carpal canal. The request is medically necessary.

Occupational therapy x 12 left 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 sessions exceeds guidelines. Therefore, the request is not medically necessary.

Cock up left wrist splint purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: This is a request for a wrist splint to be used following carpal tunnel release surgery. The California MTUS notes, "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 carpal tunnel syndrome release may be largely detrimental, especially compared to a home therapy program." Prolonged splinting following carpal tunnel release is not recommended and the requested splint is not medically necessary.