

Case Number:	CM15-0163215		
Date Assigned:	08/31/2015	Date of Injury:	12/16/2013
Decision Date:	10/05/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/19/2015

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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 39-year-old female who sustained an industrial injury on December 16, 2013 resulting in left and then subsequent right hand and wrist pain. Diagnoses include status post left carpal tunnel release, and right carpal tunnel syndrome. Treatments are unspecified, but the physician report of July 7, 2015 states she did not respond to conservative treatment. The injured worker continues to report hand weakness, numbness, tingling and burning sensation to the right hand, with pain occurring especially at night. The treating physician's plan of care includes outpatient right carpal tunnel release including post-operative carpal tunnel brace and 12 sessions of physical therapy. Current work status is not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right carpal tunnel release (CTR): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 327. 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: The carpal tunnel release is medically necessary. According to the ACOEM guidelines, Chapter 11, page 270, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken". This patient has significant symptoms of carpal tunnel syndrome, an exam consistent with carpal tunnel syndrome and positive electrodiagnostic studies from January 2014 for severe bilateral median nerve compression. Per the ACOEM guidelines, carpal tunnel release is medically necessary.

Purchase of post-operative carpal tunnel brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 327. 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): 264.

Decision rationale: Per ACOEM, Chapter 11, page 264: Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. A splint is appropriate following carpal tunnel release to decrease pain and allow the patient to return more quickly to modified duty at work and therefore is medically necessary.

Outpatient post-operative physical therapy to the right upper extremity 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 327. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The MTUS guidelines allow for up to 8 visits of therapy following carpal tunnel release. In this case, the records do not provide any rationale for why additional therapy is required for this patient. She has previously undergone left carpal tunnel release and had no documented postoperative issues. 12 therapy visits are not medically necessary.