MAXIMUS Federal Services

| Case Number: | CM15-0165849 | | |
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| Date Assigned: | 09/03/2015 | Date of Injury: | 10/23/2012 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 08/13/2015 |
| Priority: | Standard | Application Received: | 08/24/2015 |

## 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 29 year old female, who sustained an industrial injury on October 23, 2012. The injured worker was diagnosed as having wrist fracture, injury of ulnar nerve, carpal tunnel syndrome, contusion of wrist and carpal sprain. Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS) unit, physical therapy and medication. A progress note dated July 31, 2015 provides the injured worker complains of back pain radiating down the right leg with burning and numbness and intermittent shooting pain in the right hand from the elbow with tingling. Physical exam notes lumbar tenderness to palpation and decreased range of motion (ROM). There is normal range of motion (ROM) of the right wrist with mild tenderness to palpation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 right carpal tunnel release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatments for Workers Compensation, Online Edition 2015 Chapter, Carpal Tunnel Syndrome.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** The carpal tunnel release is not 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." The most recent nerve conduction test is interpreted as still normal. The ACOEM does not support surgery for patients with normal nerve conduction testing.

**Associated surgical service: 1 purchase or rental of Transcutaneous Electrical Nerve Stimulation (TENS) unit:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** Per the MTUS guidelines, Transcutaneous electrotherapy, page 114, TENS, is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Neuropathic pain, some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002), and post-herpetic neuralgia (Niv, 2005). Phantom limb pain and CRPS II: Some evidence to support use (Finsen, 1988), (Lundeberg, 1985). Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury (Aydin, 2005). Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm (Miller, 2007). This patient has neuropathic pain from her carpal tunnel. A one-month trial of a TENS unit is warranted. The request is medically necessary.

**1 surgical assistant:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Low Back, Lumbar & Thoracic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2015 American College of Surgeons Physicians as Assistant at Surgery.

**Decision rationale:** Per the ACS guidelines, an assistant is not required for carpal tunnel release. Therefore the request is not medically necessary.

**12 post-operative physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

**Decision rationale:** Per MTUS, up to eight sessions of therapy are appropriate after carpal tunnel release. The surgery is not authorized and the request for 12 sessions of therapy exceeds the ACOEM guidelines. Therefore the request is not medically necessary.