

Case Number:	CM15-0166918		
Date Assigned:	08/31/2015	Date of Injury:	05/08/2012
Decision Date:	10/13/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/25/2015

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 55 year old female, who sustained an industrial injury on 5-8-12. She reported injury to her right elbow and bilateral wrists related to cumulative trauma. The injured worker was diagnosed as having right wrist carpal tunnel syndrome. Treatment to date has included an EMG-NCS on 2-5-15 showing bilateral C7-C8 radiculopathy, cognitive behavioral therapy, and right shoulder surgery on 4-13-15, physical therapy x 19 sessions to the right shoulder, and an H-wave unit. As of the PR2 dated 7-21-15, the injured worker reports constant pain in her bilateral wrists. Objective findings include tenderness to palpation in the volar aspect and a positive Phalen's test in the right wrist. The treating physician also indicated the injured worker was experiencing numbness and tingling in the right wrist. The treating physician requested a right wrist surgery with carpal tunnel release with pre-operative clearance, post-operative occupational therapy 2 x weekly for 6 weeks for the right wrist, and cold therapy unit for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Wrist Surgery with Carpal Tunnel Release (CTR) with pre-operative clearance:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-270. Decision based on Non-MTUS Citation Preoperative Testing Before Non-cardiac Surgery: Guidelines and Recommendations [REDACTED], MD; [REDACTED], MD; [REDACTED], MD; [REDACTED], MD; [REDACTED], MD; and [REDACTED], MD, MSc, [REDACTED], [REDACTED], [REDACTED] Am Fam Physician. 2013 Mar 15; 87 (6): 414-418.

Decision rationale: This is a request for right carpal tunnel release surgery and pre-operative clearance. Records reviewed note headaches, constant neck, and bilateral upper extremity symptoms attributed to cumulative trauma dating back to May 2011. Only a minority of such diffuse symptoms could be attributed to carpal tunnel syndrome. February 5, 2015 electrodiagnostic testing is not consistent with substantial median neuropathy at the wrist with the right distal median motor onset latency being 3.7 ms and sensory onset latency being 2.0 ms. Neither the reported symptoms nor electrodiagnostic testing are consistent with right carpal tunnel syndrome as a primary source of symptoms and carpal tunnel surgery is not indicated. An extensive systematic review referenced above concluded that there was no evidence to support routine preoperative testing. More recent practice guidelines recommend testing in select patients guided by a perioperative risk assessment based on pertinent clinical history and examination findings, although this recommendation is based primarily on expert opinion or low-level evidence. In this case, there is no documented medical history to support the need for the requested evaluation; rather, records indicate the injured worker has undergone multiple surgical procedures without medical or anesthetic complications. Therefore the request is not medically necessary.

Post-operative OT 2x6 sessions for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

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). Therefore the request is not medically necessary.

Associated Surgical Service: Cold Therapy Unit for the right wrist: 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), Carpal Tunnel Syndrome Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Shoulder Elbow Surg. 2015 Mar 27. pii: S1058-2746(15)00077-4. doi: 10.1016/j.jse.2015.02.004. [Epub ahead of print] Compressive cryotherapy versus ice-a prospective, randomized study on postoperative pain in patients undergoing arthroscopic rotator cuff repair or subacromial decompression. Kraeutler MJ1, Reynolds KA2, Long C2, McCarty EC2.

Decision rationale: This is a request for a commercial cold therapy unit to be used following carpal tunnel release surgery. There is no scientific evidence that such units improve patient outcome following carpal tunnel release surgery and as a result they are not included in any evidence based treatment recommendations. Comparison of such units to cooling with readily available materials such as bags of ice following surgery such as in the recent study referenced above have failed to demonstrate benefit. With no evidence of improved functional outcome with the use of such devices, the cold therapy unit is determined to be not medically necessary.