

Case Number:	CM15-0192000		
Date Assigned:	10/06/2015	Date of Injury:	09/27/2011
Decision Date:	11/19/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/29/2015

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 53 year old female, who sustained an industrial injury on 9-27-11. She reported pain in bilateral knees, hands, shoulders, and feet. The injured worker was diagnosed as having left wrist carpal tunnel syndrome. Treatment to date has included 24 physical therapy sessions, TENS, and massage. On 7-18-15 physical examination findings included a positive Tinel's sign for the left wrist. A physician's report dated 5-16-14 noted the injured worker had electromyography and nerve conduction studies of bilateral upper extremities, however the results were not included in the submitted documentation. On 7-18-15, the injured worker complained of left wrist pain. On 8-20-15 the treating physician requested authorization for left wrist carpal tunnel release, physical therapy 3x6, and pre-operative medical clearance. On 9-2-15 the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal Tunnel Release (CTR) left wrist: Upheld

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

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

Decision rationale: This is a request for left carpal tunnel release surgery. Records indicate diffuse symptoms in both hands, both knees, both shoulders, both feet and the low back attributed to a slip and fall accident in 2011. The mechanism of injury "a slip and fall" would not cause carpal tunnel syndrome. The symptoms "pain in the back and all 4 extremities" are not consistent with a diagnosis of carpal tunnel syndrome. No results of electrodiagnostic testing are provided. Studies have found that temporary relief following carpal tunnel injection correlates well with relief following carpal tunnel release surgery and in cases such as this the results of injection can be helpful in determining what portion if any of the symptoms are arising in the carpal tunnel. A December 10, 2014 report from the treating physician notes carpal tunnel injection, "did not help." With such diffuse symptoms only a minority of which could be attributable to carpal tunnel syndrome and no improvement following carpal tunnel injection, carpal tunnel surgery cannot reasonably be expected to bring about functional improvement and is not recommended.

Physical therapy 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

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

Decision rationale: In this case the proposed carpal tunnel release is not necessary and therefore post-operative therapy isn't needed. If the surgery were necessary, the MTUS guidelines for therapy after carpal tunnel release would be appropriate. 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 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 18 visits exceeds guidelines and would not be necessary even if the surgery were needed.

Pre operative Medical Clearance: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Examination.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Noncardiac Surgery:

Guidelines and Recommendations MOLLY A. FEELY, MD; C. SCOTT COLLINS, MD; PAUL R. DANIELS, MD; ESAYAS B. KEBEDE, MD; AMINAH JATOI, MD; and KAREN F. MAUCK, MD, MSc, Mayo Clinic, Rochester, Minnesota Am Fam Physician. 2013 Mar 15; 87 (6): 414-418.

Decision rationale: This is a request for medical clearance before carpal tunnel release surgery. The California MTUS does not address preoperative testing. 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 right knee and right hand surgeries without medical or anesthetic complications. Therefore, the request is determined to be medically unnecessary.