

<b>Case Number:</b>	CM15-0194895		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	01/24/2014
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 34 year old female who sustained an industrial injury on 1-24-14. The injured worker reported right hand pain. A review of the medical records indicates that the injured worker is undergoing treatments for bilateral carpal tunnel syndrome, right greater than left. Medical records dated 9-21-15 indicate "pain, numbness, and tingling in the right hand." Provider documentation dated 9-21-15 noted the work status as working modified duty. Treatment has included magnetic resonance imaging, electrodiagnostic studies (2014), physical therapy, injection therapy, Naproxen since at least April of 2015, Cyclobenzaprine since at least April of 2015, and radiographic studies. Objective findings dated 9-21-15 were notable for decreased right sided grip strength, positive Tinel's signs and Phalen's tests bilaterally, right greater than left, "mild ulnar sided wrist tenderness." The original utilization review (10-2-15) partially approved a request for Post op appointments 4 times within global period with fluoroscopy, Post-operative therapy 2 times a week for 6 weeks and associated surgical service: a Game Ready rental for 2 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post op appointments 4 times within global period with fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Follow-up Visits.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

**Decision rationale:** Pursuant to the Official Disability Guidelines, postop appointments #4 times within the global period with fluoroscopy are not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the injured worker's working diagnosis is bilateral carpal syndrome, right greater than left. Date of injury is January 24, 2014. Request for authorization is September 2015. According to a September 21, 2015 progress note, the injured worker has a one-year history of numbness and tingling with pain on the right hand. The documentation shows carpal tunnel release surgery was approved. Postoperative appointments times' #4 within the global period are not medically necessary. Postoperative appointments times' #4 within the global period with fluoroscopy are not clinically indicated. There is no clinical indication or rationale for fluoroscopy. All follow-up appointments within the global period are covered within that timeframe. Additionally, there is no indication for fluoroscopy after a carpal tunnel release procedure. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, postop appointments #4 times within the global period with fluoroscopy are not medically necessary.

**Post operative therapy 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

**Decision rationale:** Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, postoperative therapy two times per week times six weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is bilateral carpal syndrome, right greater than left. Date of injury is January 24, 2014.

Request for authorization is September 2015. According to a September 21, 2015 progress note, the injured worker has a one-year history of numbness and tingling with pain on the right hand. The documentation shows carpal tunnel release surgery was approved. The guidelines recommend 3-8 physical therapy visits over 3-5 weeks. The treating provider is requesting 12 sessions of physical therapy. The 12 session request exceeds the recommended guidelines of 3-8. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and a request for 12 sessions of physical therapy in excess of the recommended 3-8 sessions over 3-5 weeks, postoperative therapy two times per week times six weeks is not medically necessary.

**Associated surgical service: a Game Ready rental for 2 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Continuous cold therapy (CCT).

**Decision rationale:** Pursuant to the Official Disability Guidelines, associated surgical services: a Game Ready rental times two weeks is not medically necessary. Game Ready is not recommended until the quality studies to support its use in the shoulder became ready system combines continuous flow cryotherapy with the use of vaso-compression. Continuous flow cryotherapy is recommended as an option after surgery (CTR) with regular assessment to avoid frostbite. Postoperative use should not exceed seven days, including home use. In this case, the injured worker's working diagnosis is bilateral carpal syndrome, right greater than left. Date of injury is January 24, 2014. Request for authorization is September 2015. According to a September 21, 2015 progress note, the injured worker has a one-year history of numbness and tingling with pain on the right hand. The documentation shows carpal tunnel release surgery was approved. The guidelines do not approve game ready rental times two weeks. Guideline recommendations include continuous cold therapy for no more than seven days. The game ready request for two weeks is not clinically indicated for carpal tunnel release. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines and guideline recommendations for continuous cold therapy for no more than seven days, associated surgical services: a Game Ready rental times two weeks is not medically necessary.