

Case Number:	CM15-0202761		
Date Assigned:	10/19/2015	Date of Injury:	08/22/2012
Decision Date:	12/07/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/15/2015

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 47 year old female, who sustained an industrial injury on August 22, 2012, incurring upper back, and upper extremity injuries. She was diagnosed with bilateral carpal tunnel syndrome, cervical radiculopathy, cervical degenerative disc disease, brachial neuritis and bursitis of the shoulder. Treatment included anti-inflammatory drugs, sleep aides, limited activity and a surgical right carpal tunnel release. Currently, the injured worker complained of ongoing neck pain radiating down the right upper extremity to the hand and wrist with numbness and tingling into the right hand. She complained of left upper extremity numbness from peripheral nerve entrapment. She complained of constant numbness and tingling in the left hand, thumb, ring and long fingers. There was a positive Tinel's sign over the carpal tunnel of the left hand. The treatment plan that was requested for authorization included left carpal tunnel release and 12 sessions of postoperative physical therapy. On October 8, 2015, a request for a left carpal tunnel release and 12 sessions of post-operative physical therapy was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Carpal Tunnel Release: 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. On June 25, 2015 electrodiagnostic testing, distal median motor and sensory peak latencies fall within accepted normal limits at 3.44 ms and 3.3 ms respectively and there was no evidence of denervation - that is, the objective evidence from the electrodiagnostic testing is inconsistent with a diagnosis of carpal tunnel syndrome. An incomplete report of prior testing suggests the possibility of C6 radiculopathy, which can have overlapping symptoms mimicking carpal tunnel syndrome. Multiple records note neck pain. With probable radicular symptoms and no objective evidence of carpal tunnel syndrome, carpal tunnel release surgery is unlikely to result in functional improvement and is not medically necessary.

Post operative Physical therapy 12 visit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This is a request for 12 therapy sessions after proposed carpal tunnel surgery. The surgery has been determined to be unnecessary, but if appropriate, the California MTUS guidelines for post-carpal tunnel surgery would be appropriate. The Guidelines note 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). The requested 12 sessions exceeds guideline recommendations and is not medically necessary.