

<b>Case Number:</b>	CM15-0204387		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	12/02/2014
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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 51 year old female who sustained an industrial injury on 12-2-2014. A review of medical records indicates the injured worker is being treated for wrist pain, carpal tunnel syndrome, and bilateral knee pain. Medical records dated 9-11-2015 noted multiple r-u and right knee pain. Physical examination was unavailable. Treatment has included physical therapy visits x 4 with improvement and arthroscopy, chondroplasty of the medial compartment and partial lateral meniscectomy. Utilization review form dated 9-21-2015 non-certified outpatient left carpal tunnel release, pre-operative clearance, continuous cold therapy unit with pad, and post-operative physical therapy 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient left carpal tunnel release:** 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), Indications for Surgery-Carpal Tunnel Release.

**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 ACOEM guidelines require documentation of carpal tunnel on nerve conduction testing. The records do not include the results of nerve conduction testing for carpal tunnel syndrome. Per the ACOEM guidelines, carpal tunnel release is not medically necessary.

**Pre-operative clearance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative electrocardiogram, Preoperative lab testing, Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** ODG-TWC, Low Back updated 5/15/15 states: Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. There is insufficient evidence to support routine preoperative medical clearance prior to straightforward hand surgery procedures. The hand surgeon can perform a history and physical and refer the patient for preoperative clearance if the history and physical detects any medical issues. The request is not medically necessary.

**Associated surgical service: Continuous cold therapy unit with pad:** 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, Continuous cold therapy.

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

**Decision rationale:** California MTUS ACOEM Forearm, Wrist, and Hand Complaints, page 265, ODG Forearm, Wrist, Hand, notes: Patients' at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. This patient does not require a specialized cooling unit. Cold packs can be used following surgery as needed for pain and swelling control. The request is not medically necessary.

**6 post-operative physical therapy sessions:** 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, Physical medicine.

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

**Decision rationale:** MTUS allows for up to 8 therapy visits following carpal tunnel release. The carpal tunnel release is not medically necessary. Therefore, therapy is not medically necessary.