

Case Number:	CM15-0206235		
Date Assigned:	10/23/2015	Date of Injury:	08/16/2014
Decision Date:	12/09/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/20/2015

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 42 year old female, who sustained an industrial injury on 08-16-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for severe right carpal tunnel syndrome, and right cubital tunnel syndrome. Medical records (04-14-2015 to 09-15-2015) indicate ongoing right wrist pain. Pain levels were rated 8-9 out of 10 in severity on a visual analog scale (VAS). Records also indicate no improvement in symptoms or level of functioning. Per the treating physician's progress report (PR), the IW is available for modified work duties. The physical exam, dated 09-15-2015, revealed positive Tinel's test at the right elbow, and a markedly positive Tinel's and Phalen's tests of the right wrist. Relevant treatments have included: physical therapy (PT), work restrictions, and pain medications. The treating physician indicates that electrodiagnostic studies (06-2015) showed severe right carpal tunnel syndrome and mild right cubital tunnel syndrome. The request for authorization (09-24-2015) shows that the following services were requested: an outpatient carpal tunnel release, and 8 sessions of in-house post-op PT. The original utilization review (10-08-2015) non-certified the request for an outpatient carpal tunnel release, and 8 sessions of in-house post-op PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right carpal tunnel release: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: This is a request for right carpal tunnel release surgery. In this case, I recommend overturning the utilization review decision. The California MTUS guidelines note that, "surgical decompression of the median nerve usually relieves carpal tunnel symptoms. High quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of carpal tunnel syndrome" and that "patients with moderate or severe carpal tunnel syndrome have better outcomes from surgery than splinting." Records provided document that the patient has severe carpal tunnel syndrome based on June 5, 2015 electrodiagnostic testing and that symptoms remain severe despite activity modification, splinting and anti-inflammatory pain medications. With carpal tunnel syndrome confirmed by nerve testing and severe ongoing symptoms despite standard non-surgical treatment, the Guidelines and standard medical practice support consideration of carpal tunnel release surgery at this time. Therefore, the requested treatment is medically necessary.

In house post-operative physical therapy 2 times per week over 4 weeks: 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 8 therapy sessions following carpal tunnel release. 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). This request for 8 sessions exceeds guidelines; an initial course of 4 sessions is supported by the CA MTUS Guidelines. Therefore, the requested treatment is not medically necessary.