

<b>Case Number:</b>	CM15-0088286		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	04/10/2014
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 29 year old female injured worker suffered an industrial injury on 04/10/2014. The diagnoses included right and left carpal tunnel syndrome. The diagnostics included electromyographic studies. The injured worker had been treated with medications. On 4/1/2015 the treating provider reported worsening symptoms of bilateral carpal tunnel syndrome and is not tolerating the medications. The requests were for consideration of right carpal tunnel release. The treatment plan included 04/10/2014, Post-operative occupational therapy, bilateral cock-up wrist splints, and EMG of left upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left wrist steroid injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG CTS Injections.

**Decision rationale:** The patient presents with diagnoses of right and left carpal tunnel syndrome. The current request is for left wrist steroid injection. The utilization review dated 4/10/15 (8A) certified the request for Right wrist carpal tunnel release and denied the request for Left wrist steroid injection noting that the clinical history did not document at least 4 to 6 weeks of symptoms and failed conservative care. The Panel Qualified Medical Examiner summarizes in his evaluation dated 4/18/15 (13B) that the patient has suffered from Left wrist symptoms since roughly November 2014. MTUS Guidelines state that in cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, the primary treating physician may refer for a local lidocaine injection with or without corticosteroids. ODG Guidelines, recommend a single injection as an option in conservative treatment. Corticosteroid injections will likely produce significant short-term benefit, but many patients will experience a recurrence of symptoms within several months after injection. In mild cases wait four to six weeks before consider injection, but sooner in severe cases, given the success of surgery, and the success/predictive value of injections. Therapy decisions should branch based on mild versus severe. Carpal tunnel syndrome may be treated initially with a night splint and medications before injection is considered, except in the case of severe CTS (thenar muscle atrophy and constant paresthesias in the median innervated digits). Outcomes from carpal tunnel surgery justify prompt referral for surgery in moderate to severe cases. Nevertheless, surgery should not be performed until the diagnosis of CTS is confirmed by history, physical examination and possible electrodiagnostic studies. Symptomatic relief from a cortisone/anesthetic injection will facilitate the diagnosis, however the benefit from these injections although good is short-lived. In this case, the clinical history documents the patient has presented with CT symptoms for significantly more than 6 weeks. The physician would like to provide the patient with the injection to the Left wrist at the time of the surgery on the Right wrist. Therefore, the current request is medically necessary and the recommendation is for authorization.

**Post-operative occupational therapy three times four (right hand): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

**Decision rationale:** The patient presents with diagnoses of Right and Left carpal tunnel syndrome. The current request is for post-operative occupations therapy, 3 x 4 (Right hand). The utilization review dated 4/10/15 (8A) certified the request for Right wrist carpal tunnel release and granted a partial certification for Post-operative occupations therapy, 3 x 4 (Right hand). The utilization review dated 4/10/15 (10A) denied the 12 occupational therapy sessions and instead certified 6 occupational therapy sessions citing MTUS post-operative therapy guidelines. The treating physician states under his requesting authorization section in the 4/1/15 (41A) treating report, "12 visits of right hand therapy post-op." MTUS Guidelines state allow for 3 to 8 visits for patients post-operative occupational therapy. In this case, the treating physician has requested a number of therapy sessions in excess of what MTUS Guidelines define. Therefore, the current request is not medically necessary and the recommendation is for denial.

**Bilateral cock-up wrist splints:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG CTS Splinting.

**Decision rationale:** The patient presents with diagnoses of right and left carpal tunnel syndrome. The current request is for bilateral cock-up wrist splints. The utilization review dated 4/10/15 (8A) certified the request for Right wrist carpal tunnel release and granted a partial certification for the bilateral cock-up wrist splints. The utilization review dated 4/10/15 (10A) denied the splint for the right wrist stating that the "claimant has been using a right cockup splint continuously," the UR then modified and approved the left wrist cock-up splint only. In the treating report dated 4/1/15 (41A) the treating physician states, "I want the patient to wear bilateral cock up wrist splints, and we will seek authorization for that." MTUS state that when treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. ODG recommends splinting of wrist in neutral position at night & day prn, as an option in conservative treatment. Use of daytime wrist splints has positive, but limited evidence. Splinting after surgery has negative evidence. When treating with a splint, there is scientific evidence to support the efficacy of neutral wrist splints in CTS, and it may include full-time splint wear instructions as needed, versus night-only. Carpal tunnel syndrome may be treated initially with a splint and medications before injection is considered, except in the case of severe CTS (thenar muscle atrophy and constant paresthesias in the median innervated digits). Outcomes from carpal tunnel surgery justify prompt referral for surgery in moderate to severe cases. Nevertheless, surgery should not be performed until the diagnosis of CTS is made by history, physical examination and possible electrodiagnostic studies. Symptomatic relief from a cortisone/anesthetic injection will facilitate the diagnosis, however the benefit from these injections although good is short-lived. Two prospective randomized studies show that there is no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. In fact, splinting the wrist beyond 48 hours following CTS release may be largely detrimental, especially compared to a home physical therapy program. In this case, the treating physician has defined the medical necessity for Left wrist cock-up wrist split. However, given the impending surgery on the Right wrist the requested treatment is not consistent with medical guidelines. Therefore, the current request is not medically necessary and the recommendation is for denial.

**EMG of left upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Carpal Tunnel Syndrome, EMG.

**Decision rationale:** The patient presents with diagnoses of right and left carpal tunnel syndrome. The current request is for EMG of left upper extremity. The utilization review dated 4/10/15 (8A) certified the request for Right wrist carpal tunnel release and denied the request for EMG of left upper extremity. The treating physician states in his treatment report dated 4/1/15 (41A), "the patient has not yet had a LUE EMG I would like to seek authorization for one. Clinically the patient is very symptomatic on today's exam." The Panel Qualified Medical Examiner summarizes in his evaluation dated 4/18/15 (13B) that the patient has suffered from Left wrist symptoms since roughly November 2014. MTUS Guidelines state in cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. ODG notes that electro diagnostic studies are recommended in patients with clinical signs of CTS who may be candidates for surgery. In this case, the clinical history has documented the patient's continuing suffering from CTS symptoms for more than 6 weeks. Thus, the current request is medically necessary and the recommendation is for authorization.