

<b>Case Number:</b>	CM13-0030363		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	12/30/2007
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 59-year-old female who was involved in a work related accident on 12/30/07 sustaining injuries to her bilateral lower extremities. The clinical records for review include a recent assessment of 11/25/13 where the claimant was seen by [REDACTED] for diagnosis of cervical disc degeneration, cervicgia, chondromalacia to the patella and carpal tunnel syndrome. Specific to her complaints of carpal tunnel syndrome, there is a physical examination demonstrating positive Phalen's and Tinel's testing bilaterally with positive swelling at the wrists bilaterally with 4/5 motor tone noted bilaterally. It is indicated that, at that time, that recent electrodiagnostic studies of 11/25/13 revealed moderate to severe pathology of the median nerve consistent with moderate to severe bilateral carpal tunnel syndrome. The formal documentation of the electrodiagnostic studies, however, is unavailable for review. At present, there is a request for bilateral carpal tunnel release procedure to include assistant surgeon and 12 sessions of postoperative therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for bilateral carpal tunnel release surgery including an assistant surgeon:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopedic Surgeons.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Milliman Care Guidelines 17th Edition: Assistant Surgeon.

**Decision rationale:** The request in this case is specific for bilateral carpal tunnel procedure that includes an assistant surgeon. While the role of carpal tunnel procedure would be indicated given the claimant's positive findings and documentation of electrodiagnostic studies, the role of an assistant surgeon would fail to indicate the need for the procedure in question. Milliman Care Guidelines would not indicate the role of an assistant surgeon for any degree of carpal tunnel release be it an open or endoscopic procedure. The specific request for surgery that includes an assistant surgeon is not indicated.

**The request for post op physical therapy three (3) times a week for four (4) weeks for the bilateral wrists:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Based on California MTUS Postsurgical Rehabilitative Guidelines, 12 sessions of physical therapy would exceed guideline criteria for physical therapy following a carpal tunnel release. In this case the medical necessity for surgery has not been established and as such there would not be a need for postoperative physical therapy.