

Case Number:	CM14-0173699		
Date Assigned:	10/24/2014	Date of Injury:	04/21/2014
Decision Date:	12/03/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/21/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Minnesota. 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/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 injured worker is a 53 year old female with known bilateral carpal tunnel syndrome, right worse than left. Nerve conduction studies show prolongation of the right distal median motor latency to 8 msec with the upper limit of normal being 4.3 msec. There is no sensory response. She has all the clinical findings and has failed conservative treatment with physical therapy, splinting, activity modifications and medication. An open right carpal tunnel release has been certified. The disputed issues include need for an assistant surgeon, medical clearance, Chest X-ray, splints, pneumatic compression device and post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Assistant Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low back, Topic: Surgical Assistant.

Decision rationale: California MTUS does not address this issue. The ODG guidelines indicate need for an assistant surgeon in complex surgical procedures. An open carpal tunnel release is a

relatively simple procedure and the need for an assistant surgeon is not established per guidelines.

Associated Surgical Service: Bilateral carpal tunnel splints: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: California MTUS guidelines do not recommend splinting after a carpal tunnel release. In fact, splinting beyond 48 hours following a carpal tunnel release may be largely detrimental, especially compared to a home exercise program. With respect to the contralateral side, splints were provided per medical records. Therefore the request for bilateral carpal tunnel splints is not medically necessary.

Associated Surgical Service: Pneumatic intermittent compression device: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Forearm, wrist, and hand, Topic: Lymphedema pumps.

Decision rationale: California MTUS does not address this issue. According to ODG guidelines, a pneumatic compression device is recommended after 4 weeks of elevation, exercise, and compressive sleeves if edema persists. Immediate post-operative use for edema prevention is not recommended. Therefore the request as stated is not medically necessary.

Associated Surgical Service: Post operative physical therapy three times a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10,11,15,16.

Decision rationale: There is limited evidence for effectiveness of post-op physical therapy after a carpal tunnel release. The evidence may justify 3 to 5 visits over 4 weeks. For open release the postsurgical treatment is 3-8 visits over 3-5 weeks. The postsurgical physical medicine treatment period is 3 months. The initial course of therapy is half of this general course of therapy and a subsequent course of therapy may then be prescribed with documentation of functional improvement within these parameters. The requested course of physical therapy visits exceeds these guidelines and is therefore not medically necessary.

Associated Surgical Service: Pre operative medical clearance and chest X-ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low Back, Topic: Pre-operative office visit and Chest X-ray.

Decision rationale: California MTUS does not address this issue. ODG guidelines indicate that the decision should depend upon the clinical history, co-morbidities, and physical examination findings and not just protocol. A chest x-ray is reasonable for patients at risk of post-operative pulmonary complications but not for a patient undergoing a carpal tunnel release which is a minor procedure under regional anesthesia. The medical history does not indicate significant co-morbidities that would necessitate medical clearance for a simple surgical procedure. The request for pre-operative medical clearance and a chest x-ray is therefore not medically necessary.