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| Case Number: | CM14-0176739 | | |
| Date Assigned: | 10/30/2014 | Date of Injury: | 04/01/2013 |
| Decision Date: | 12/05/2014 | UR Denial Date: | 10/15/2014 |
| Priority: | Standard | Application Received: | 10/24/2014 |

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 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 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:

According to the records made available for review, this is a 48-year-old female with a 4/1/13 date of injury. At the time (9/12/14) of request for authorization for Left hand carpal tunnel release, Associated surgical service: Pre-Operative Medical Clearance, and Associated surgical service: Physical Therapy 15 sessions, there is documentation of subjective (left hand pain and paresthesia radiating to the fingers) and objective (decreased sensory exam over median nerve, positive phalen's as well as tinel's sign, and positive carpel tunnel compression test) findings, current diagnoses (left hand carpel tunnel syndrome and status post right carpel tunnel release), and treatment to date (wrist brace, physical therapy for left hand, activity modification, and medications). Medical report identifies that patient reported nocturnal symptoms; used wrist brace for 6 months; and negative carpel tunnel syndrome on electrodiagnostic study of the left hand. There is no documentation of additional symptom (Abnormal Katz hand diagram scores, and/or Flick sign); no current pregnancy; and the diagnosis supported by nerve conduction testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left hand carpal tunnel release.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Carpal tunnel release surgery (CTR)

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of positive findings on clinical examination and the diagnosis should be supported by nerve conduction, as criteria necessary to support the medical necessity of carpal tunnel release. ODG identifies documentation of at least 2 symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)), at least 2 findings by physical exam (Durkan's compression test, Semmes-Weinstein monofilament test, Phalen Sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness (thumb abduction), no current pregnancy, and at least 3 conservative treatment measures attempted (activity modification \geq 1 month, wrist splint \geq 1 month, nonprescription analgesia, physical therapy referral for home exercise training, and/or successful initial outcome from corticosteroid injection trial (optional)), as additional criteria necessary to support the medical necessity of carpal tunnel release. Within the medical information available for review, there is documentation of diagnoses of left hand carpal tunnel syndrome and status post right carpal tunnel release. In addition, given documentation of objective (positive phalen's as well as tinel's sign) findings, there is documentation of positive findings on clinical examination. Furthermore, there is documentation of a symptom (nocturnal symptom); and conservative treatment measure (activity modification $>$ 1 month, wrist splint $>$ 1 month, and medications). However, there is no documentation of additional symptom (Abnormal Katz hand diagram scores, and/or Flick sign); and no current pregnancy. In addition, given documentation of negative carpal tunnel syndrome study on electrodiagnostic study of the left hand, there is no documentation of the diagnosis supported by nerve conduction testing. Therefore, based on guidelines and a review of the evidence, the request for Left hand carpal tunnel release is not medically necessary.

Associated surgical service: Pre Operative Medical Clearance.: 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 cite any medical evidence for its decision.

Decision rationale: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Associated surgical service: Pre-Operative Medical Clearance is not medically necessary.

Associated surgical service: Physical Therapy 15 sessions.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 Edition, Pages 92-93. Post Surgical Physical Therapy.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Associated surgical service: Physical Therapy 15 sessions is not medically necessary.