

Case Number:	CM14-0177585		
Date Assigned:	10/31/2014	Date of Injury:	04/21/2014
Decision Date:	12/08/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/27/2014

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 Texas. 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 who reported an injury on 04/21/2014 while working as a medical assistant at the hospital, and a gradual onset of bilateral elbow pain symptoms persisted. The injured worker complained of bilateral elbow pain. The injured worker had a diagnosis of bilateral carpal tunnel syndrome. The EMG/NCV revealed positive findings for carpal tunnel syndrome. Preoperatively, the injured worker rated her pain at 10/10 using the VAS. Medications included hydrochlorothiazide, Lexapro, Motrin, Lunesta, and over the counter extra strength Tylenol. The examination dated 09/09/2014 of the wrist examinations revealed normal contour and with no evidence of appreciable swelling over the bilateral wrists, and no gross atrophy of the musculature of the upper extremities. Tenderness to palpation over the first dorsal extensor compartment. Sensory examination of the upper extremities was intact for the medial, ulnar, and radial nerves. Jamar hand states dynamometer tests revealed with the first test: the right was 14 kg and the left was 12 kg; the second right at 14 kg and left was 12 kg; and the third was the right was 12 kg and the left was 10 kg. Positive Tinel's over the right carpal tunnel and positive Phalen's bilaterally. The Finklestein's was positive to the left. The treatment plan included an open right carpal tunnel release followed by postoperative rehab and a left carpal tunnel release. The Request for Authorization was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant surgeon: 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): 270-271.

Decision rationale: The request for an assistant surgeon is not medically necessary. The California MTUS/ACOEM indicate that CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Also, greater emphasis must be given to training surgeons in this technique to avoid major complications such as median nerve injuries. With proper training and equipment, endoscopic carpal tunnel release can be done safely, with complication rates comparable to those for the open technique and with high patient satisfaction. The surgical procedure for carpal tunnel syndrome is of short duration and moderate complications that usually does not require an assistant surgeon. As such, the request is not medically necessary.

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): 270-271.

Decision rationale: The request for associated surgical service: bilateral carpal tunnel splints is not medically necessary. The California MTUS/ACOEM states that two prospective randomized studies show 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 therapy program. The request did not specify the length of time the splints would be utilized. The clinical notes indicate that the injured worker was approved for a right carpal tunnel release, however the request is for bilateral splints. Additionally, the guidelines state that postoperative splinting showed no beneficial effect after carpal tunnel release. Therefore, the request for associated surgical service: bilateral carpal tunnel splints is not medically necessary.

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), Forearm, Wrist, and Hand, Vasopneumatic devices.

Decision rationale: The request for associated surgical services: Pneumatic intermittent compression device is not medically necessary. The Official Disability Guidelines state the treatment goal of vasopneumatic devices, such as intermittent compression therapy, is to reduce venous hypertension and edema by assisting venous blood flow back toward the heart. The documentation did not provide a rationale as to the reasoning for this post-operative intervention. Additionally, the request did not specify the body part the device was to be applied. Therefore, the request for associated surgical services: pneumatic compression device 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): 15.

Decision rationale: The request for associated surgical service: post-operative physical therapy three times a week for six weeks is not medically necessary. The California MTUS indicate that there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The evidence may justify 3 to 5 visits over 4 weeks after surgery. The request did not specify the body part that the physical therapy was to be performed. The request is for 18 visits, which exceeds the recommended guidelines. Therefore, the request for associated surgical services: post-operative physical therapy three times a week for six weeks is 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), Low Back, Preoperative testing, general.

Decision rationale: The request for associated surgical service: pre-operative medical clearance and chest x-ray is not medically necessary. The Official Disability Guidelines state the decision to order preoperative tests should be guided by the injured worker's clinical history, comorbidities, and physical examination findings. Chest radiography is reasonable for injured workers at risk of postoperative pulmonary complications if the results would change perioperative management. There is a lack of documentation regarding any comorbidities or history of pulmonary problems to support the requested testing. There is no indication the injured worker is at risk for postoperative complications. Therefore, the request for associated surgical services: pre-operative medical clearance and chest x-ray is not medically necessary.