

Case Number:	CM14-0171632		
Date Assigned:	10/23/2014	Date of Injury:	02/13/2013
Decision Date:	06/30/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/17/2014

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. 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: Oregon
 Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 59 year old male with an industrial injury dated 02/13/2013 resulting in numbness in his wrists and hands. His diagnoses included bilateral carpal tunnel syndrome - moderate by electro diagnostic criteria, possible old bilateral cervical 7 radiculopathies. Co morbid diagnoses included non-insulin-dependent diabetes mellitus, hypertension and hyperlipidemia. Prior treatments included NCV/EMG (electro diagnostic studies) done showing moderate carpal tunnel syndrome, occupational therapy, ice therapy, night splints and a home stretching program. He presents on 09/12/2014 for possible surgical treatment of his carpal tunnel syndrome. Physical exam noted positive carpal tunnel compression tests, left greater than right. Sensation was intact to light touch in all digits bilaterally. The treatment plan and request included left carpal tunnel surgery and occupational therapy two times a week for 4 weeks to left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 x week for 4 weeks (left wrist): Overturned

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

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

Decision rationale: The carpal tunnel release is medically necessary. According to the ACOEM guidelines, Chapter 11, page 270, surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. This patient has significant symptoms of carpal tunnel syndrome, an exam consistent with carpal tunnel syndrome and positive electrodiagnostic studies for median nerve compression. Per the ACOEM guidelines, carpal tunnel release is medically necessary. MTUS supports up to 8 visits for postoperative therapy following carpal tunnel release. The request for eight therapy visits is medically necessary for this patient.