

<b>Case Number:</b>	CM14-0187278		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	04/05/2007
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Illinois. 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 49-year-old female who reported an injury on 04/05/2007. The mechanism of injury was not documented within the clinical notes. The injured worker's diagnosis included carpal tunnel syndrome. The past treatments included physical therapy. There was no official diagnostic imaging study submitted for review. There was no surgical history documented within the clinical note. The subjective complaints on 09/11/2014 included right shoulder pain and right hand pain. The physical exam findings to the right wrist were a positive Tinel's sign for carpal tunnel. The range of motion to the right wrist was documented as normal. The current medications were not documented within the clinical notes. The treatment plan was for carpal tunnel release surgery. A request was received for right carpal tunnel release, physical therapy, DVT prophylactic cold compression therapy unit, and medical clearance. The rationale for the request was not documented within the clinical records. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right CTR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Syndrome regarding Carpal Tunnel Release (CTR)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Carpal tunnel release surgery (CTR)

**Decision rationale:** The Official Disability Guidelines state criteria for carpal tunnel release surgery is as follows: (A) Symptoms: (1) abnormal Katz hand diagram scores; (2) nocturnal symptoms; (3) flick sign (shaking hand). The findings by physical examination require 2 of the following: (1) compression test; (2) Phalen's test; (3) Tinel's test; (4) decreased 2 point discrimination; (5) mild thenar weakness. The initial conservative treatment require 3 of the following: (1) activity modification; (2) night wrist splinting; (3) nonprescription analgesia; (4) home exercise training; (5) successful outcome of corticosteroid injection trial; (6) positive electrodiagnostic testing. There was a lack of documentation in the clinical notes submitted of 2 positive physical exam findings suggestive of carpal tunnel syndrome. Additionally, there was no electrodiagnostic testing submitted for review indicative of carpal tunnel syndrome. In absence of the above information, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Associated surgical service: Physical therapy 2 times a week for 4 weeks:** 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 Page(s): 16.

**Decision rationale:** The California Postsurgical Treatment Guidelines state that for carpal tunnel, up to 8 visits may be supported. However, as the surgery was not supported by the evidence based guidelines, do physical therapy is also not supported. As such, the request is not medically necessary.

**Associated surgical service: DVT prophylactic compression/cold therapy unit:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Continuous cold therapy (CCT)

**Decision rationale:** The Official Disability Guidelines state that continuous cold therapy is recommended as an option only in the postoperative setting. As the surgery was not supported by the guidelines, the request for DVT prophylactic compression/cold therapy unit is also not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Associated surgical service: Medical clearance:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Office visits

**Decision rationale:** The Official Disability Guidelines state that the need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As the surgery was not supported by the guidelines, the request for medical clearance is also not supported by the evidence based guidelines. As such, the request is not medically necessary.