

Case Number:	CM15-0014433		
Date Assigned:	02/04/2015	Date of Injury:	09/14/2012
Decision Date:	03/27/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/26/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic 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 (IW) is a 40-year-old female who sustained an industrial injury on 09/14/2012. She has reported a two-year history of wrist pain. Diagnoses include carpal tunnel syndrome. Treatment s to date includes acupuncture that it temporarily improved some of the localized pain. In a progress note, dated 12/08/2014 the treating provider reports the patient is symptomatic and the symptoms are recurring, however on that date, the practitioner fails to describe the symptoms. In an exam of 08/08 2014 by a hand surgeon who saw the worker in consultation, the range of motion and motor strength was normal, and pronation-supination was normal. Provocative maneuvers of Varus/Valgus instability were absent bilaterally, has was the Elbow Flexion test. Tinel's sign on the ulnar nerve of the cubital tunnel was negative bilaterally and on the median nerve of the antecubital fossa it was absent bilaterally Tinel's absent on the right wrist and painful and present on the left wrist. Median Nerve compression test was negative on the right, painful, and present on the left. Digital triggering was absent on the right and left. Light touch was normal on the right and normal except diminished in the left thumb, index and middle finger. She has a normal electrodiagnostic study, negative predictive value of 90% but not 100%. She had a temporary favorable response to carpal tunnel steroid injection. The clinical diagnosis was of left carpal tunnel syndrome. The plan of care was no surgical intervention or office procedure requested at the current time. On 12/26/2014 Utilization Review non-certified a request for Left open carpal tunnel release under local sedation, noting the medical record documentation does not support the surgery; non-certified a request for Post-op occupational therapy three times a week for four weeks, noting the Carpal tunnel surgery was not approved, so

the therapy was not needed; and non-certified a request for a Post-operative splint, noting the non-certification of the associated surgical request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Open Carpal Tunnel Release under Local Sedation: Upheld

Claims Administrator 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 chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260, 263, 270. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Carpal Tunnel Syndrome, Indications for surgery

Decision rationale: California MTUS guidelines indicate the clinical testing for carpal tunnel syndrome includes a Katz Hand diagram, Tinel's sign, Semmes- Weinstein test, Durkan's test, Phalen's sign, and checking for the square wrist sign. Appropriate electrodiagnostic studies help differentiate carpal tunnel syndrome from other conditions such as cervical radiculopathy. The injured worker does report a history of neck pain. Electrodiagnostic studies are reported to be negative. Other symptoms to look for include night pain symptoms, Flick sign, nocturnal paresthesias, weak thumb abduction strength, closed fist sign, hypoalgesia in the median nerve territory, static 2 point discrimination greater than 6 mm, and thenar atrophy. Surgical decompression of the median nerve usually relieves carpal tunnel syndrome symptoms. High quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of carpal tunnel syndrome. Such is not the case here. Electrodiagnostic studies were reported to be negative. Carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by a nerve conduction test before surgery is undertaken. ODG guidelines indicate carpal tunnel release in the presence of severe carpal tunnel syndrome requiring muscle atrophy, severe weakness of thenar muscles, and 2 point discrimination greater than 6 mm and positive electrodiagnostic testing OR not severe carpal tunnel syndrome requiring abnormal Katz hand diagram scores, nocturnal symptoms, Flick sign, 2 physical findings from compression test, Semmes-Weinstein monofilament test, Phalen's sign, Tinel's sign, decreased 2 point discrimination, and mild thenar weakness and failed conservative treatment, no current pregnancy, and positive electrodiagnostic testing. A review of the documentation provided indicates that the above criteria have not been met. In particular electrodiagnostic testing is negative. As such, the request for a carpal tunnel release is not supported and the medical necessity of the request is not substantiated.

Post-Operative Splint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 156. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal tunnel syndrome chapter

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 post-operative splinting after a carpal tunnel release. Detrimental effects of splinting were reported after 48 hours. A bulky dressing is recommended. As such, the request for post-operative splinting is not supported and the medical necessity is not established.

Post-Operative Occupational Therapy (three times a week for four weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal tunnel chapter

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

Decision rationale: The guidelines recommend 3-5 visits over 4 weeks after surgery to a maximum of 8 visits with documentation of continuing functional improvement. However, the surgery as requested is not medically necessary. Therefore, the request for post-operative occupational therapy is also not medically necessary.