

Case Number:	CM15-0110114		
Date Assigned:	06/16/2015	Date of Injury:	10/22/2014
Decision Date:	07/22/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/08/2015

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: 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 30 year old female, who sustained an industrial injury on 10/22/14. She reported pain in her bilateral wrists related to repetitive motion. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, right cubital tunnel syndrome and bilateral ulnar nerve entrapment. Treatment to date has included physical therapy and an EMG/NCV study of the bilateral upper extremities. As of the PR2 dated 4/21/15, the injured worker reports worsening symptoms. She is now indicating numbness in both arms, especially on the right side past the elbow. She has been wearing a brace to work. Objective findings include a positive Phalen's test bilaterally and a positive Tinel's test over the median and ulnar nerves. The treating physician requested a right carpal tunnel release and post-operative physical therapy for the right wrist x 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal tunnel release (right): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The carpal tunnel release is not 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 normal nerve conduction tests. Exam findings are not consistent from exam to exam with Tinel and Phalen testing not consistently positive. She has not had a steroid injection to confirm the diagnosis. Per the ACOEM guidelines, carpal tunnel release is not medically necessary.

Postoperative physical therapy for the right wrist (12 visits): Upheld

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

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

Decision rationale: MTUS supports 8 visits post carpal tunnel release. The request for 12 visits exceeds the guidelines. In addition, the surgery is not supported and therefore postoperative therapy is not medically necessary.