Case Number:	CM15-0111035		
Date Assigned:	06/17/2015	**Date of Injury:**	08/06/2014
Decision Date:	08/18/2015	**UR Denial Date:**	05/12/2015
Priority:	Standard	**Application Received:**	06/09/2015

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: Maryland, Virginia, North Carolina Certification(s)/Specialty: Plastic 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 46 year old female injured worker suffered an industrial injury on 08/06/2014. The diagnoses included left carpal tunnel syndrome. The diagnostics included electromyographic studies. On 4/27/2015 the treating provider reported progressive numbness and tingling of the left hand. The left wrist carpal tunnel release surgery had been approved and was pending. The treatment plan included Assistant surgeon - PA for left wrist surgery, Post-operative physical therapy, cold therapy unit and interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant surgeon - PA for left wrist surgery: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter (Online Version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Book Chapter, Basic Surgical Technique and Postoperative Care. David L. Cannon Campbell's Operative Orthopaedics, Page Number: Chapter 64, 3200-3220.

Decision rationale: The patient is a 46 year old female who was certified for left carpal tunnel release. A request for an assistant was made. The request for an assistant was denied stating that medical necessity was not demonstrated based on the nature of the procedure. Although a carpal tunnel release is a relatively non-complex surgery, complications can occur with injury to the median nerve and its branches as well as possible vascular injury as well. The assistant is necessary for maintaining adequate exposure to help to ensure no complication. Therefore, this service should be considered medically necessary. ODG and ACOEM do not provide adequate guidelines for an assistant for this type of case. From the above reference with respect to hand surgery, the role of the assistant surgeon is defined: 'Seated opposite the surgeon, the assistant should view the operative field from 8 to 10 cm higher than the surgeon to allow a clear line of vision without having to bend forward and obstruct the surgeon's view. Although mechanical hand holders are available, they are not as good as a motivated and well-trained assistant. It is especially helpful for the assistant to be familiar with each procedure. Usually, the primary duty of the assistant is to hold the patient's hand stable, secure, and motionless, retracting the fingers to provide the surgeon with the best access to the operative field.' Thus, the role and importance of an assistant surgeon is well-defined and should be considered medically necessary.

Post-operative physical therapy 3 times per week for 4 weeks for the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 15 16.

Decision rationale: The patient is a 46 year old female who was certified for left carpal tunnel release surgery. As the carpal tunnel release was considered medically necessary, postoperative physical therapy should be considered medically necessary based on the following guidelines: From page 15 and 16, Recommended as indicated below. There is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to the maximums shown below. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Carpal tunnel syndrome should not result in extended time off work while undergoing multiple therapy visits, when other options (including surgery for carefully selected patients) could result in faster return to work. Furthermore, carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery. Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks; Postsurgical physical medicine treatment period: 3 months. Postsurgical treatment (open): 3-8 visits over 3-5 weeks; Postsurgical physical medicine treatment period: 3 months From page 10;, "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section. Therefore, based on these guidelines, 12 visits would exceed the initial course of therapy guidelines and should not be considered medically necessary. Up to 4 visits would be consistent with these guidelines.

Purchase of post- operative cold therapy unit for left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter (Online Version).

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.

Decision rationale: The patient is a 46 year old female who was certified for left carpal tunnel release. ODG, carpal tunnel syndrome, continuous cold therapy. The Official Disability Guidelines (ODG) indicate that Continuous Cold Therapy (CCT) is recommended as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than seven (7) days, including home use. Passive modalities, such as heat, should be minimized in favor of active treatments. Thus, purchase of a cold therapy unit would not be consistent with a 7 day postoperative course and thus should not be considered medically necessary. A rental unit would be more appropriate and consistent with the guidelines.

Post-operative interferential unit x 30 day rental for the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118.

Decision rationale: The patient is a 46 year old female who was certified for left carpal tunnel release. A request had been made for a 30 day interferential unit rental. From page 118, Interferential Current Stimulation (ICS) Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. (Van der Heijden, 1999) (Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005) (Burch, 2008) Further, there are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. Therefore, as there is no clear indication for IF treatment and that there is additionally no clear indication for postoperative treatment, this procedure should not be considered medically necessary.