

<b>Case Number:</b>	CM15-0118111		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	03/16/2012
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: California

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

### 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 65 year old male, who sustained an industrial injury on 3/16/2012. Diagnoses have included chondromalacia of the patella left knee, bilateral shoulder rotator cuff tears, bilateral carpal tunnel syndrome and cervical spine osteoarthritis. Treatment to date has included right carpal tunnel release, physical therapy and wrist straps. According to the Qualified Medical Evaluation dated 12/12/2014, the injured worker complained of pain, tingling and numbness in both upper extremities. He also complained of left knee pain. Physical exam revealed tenderness of the subacromial space of both shoulders. He had positive Tinel's and Phalen's test in both hands. Sensibility of the median nerve distribution was decreased in the right and left hand. Per the progress report dated 3/13/2015, the injured worker was two days status post right carpal tunnel release. The right palmar incision was clean, dry and intact. Authorization was requested for left carpal tunnel release, an assistant surgeon and post-op physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left carpal tunnel release:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-270.

**Decision rationale:** The results of electrodiagnostic testing were not forwarded for review, but the treating physician notes the abnormalities were "severe." The California MTUS notes that patient's with moderate or severe carpal tunnel syndrome has better outcomes from surgery than splinting (page 270). Records document appropriate non-surgical treatment including anti-inflammatory medications, splinting and therapy. Corticosteroid injection is contraindicated by the patient's diabetes; corticosteroid injection would temporarily increase blood glucose levels. Therefore, the request for carpal tunnel release surgery is medically necessary and appropriate.

**Related surgical service: An assistant surgeon:** 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 Green's Operative Hand Surgery, 6th ed. Pages 989-991.

**Decision rationale:** Surgical technique is beyond the scope of the California MTUS, but is described in detail in the specialty text referenced. Even when performed with a larger, traditional, open technique, carpal tunnel release is a small surgery performed through an incision 2-3 cm long. A surgical assistant is not medically necessary.

**Related surgical service: post-operative physical therapy, twelve sessions:** 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 MTUS notes that, "there is limited evidence demonstrating effectiveness" of therapy for carpal tunnel syndrome and, "carpal tunnel release surgery is a relatively simple operation" that should not require extensive therapy visits for recovery (page 15). The guidelines support 3-8 therapy sessions over 3-5 weeks after carpal tunnel release surgery (page 16). An initial course of therapy is defined as one half the maximal number of visits (page 10) 4 sessions following carpal tunnel surgery. Additional therapy sessions up to the maximum allowed is appropriate only if there is documented functional improvement defined as clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment (page 1). The requested 12 therapy sessions exceed guidelines. The request is not medically necessary.