

<b>Case Number:</b>	CM15-0126430		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	04/02/2014
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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 53 year old female, who sustained an industrial injury on 4/02/2014. The injured worker was diagnosed as having right carpal tunnel syndrome and diabetes mellitus. Treatment to date has included diagnostics, left carpal tunnel release surgery in 11/2014, therapy, and medications. Currently, the injured worker complains of persistent symptoms bilaterally, with numbness in her middle fingers, when seen for follow-up on her bilateral carpal tunnel syndrome. She also continued to complain of left shoulder pain. She was working full time. Exam noted positive provocative tests on the right for carpal tunnel syndrome. Electrodiagnostic studies were documented to show persistent conduction delays for the median nerve at the right wrist. She sufficiently recovered from surgery on the left to undergo surgery on the right. The treatment plan included right tunnel decompression, with radial excision of bursa, synovia of wrist (right), post-operative therapy evaluation and treatment (2x6), and a right wrist/hand splint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radical excision of bursa, synovia of Right Wrist, Qty 1: Upheld**

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

**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. Page 990.

**Decision rationale:** This is a request for synovectomy at the time of primary carpal tunnel decompression surgery. Details of surgical technique are beyond the scope of the California MTUS, but are discussed in detail in the specialty text referenced. It is noted on page 990 that, "synovectomy is not indicated during primary carpal tunnel decompression." The request is not medically necessary.

**Post operative Therapeutic exercise, 2 times wkly for 6 wks, Right Wrist, 12 sessions:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**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 sessions exceeds guidelines. The request is not medically necessary.

**Post operative Dynamic activities, 2 times wkly for 6 wks, for Right Wrist, 12 sessions:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**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 sessions exceeds guidelines. The request is not medically necessary.

**Splint Right Wrist/Hand:** 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 California MTUS notes that, "Two prospective randomized studies show no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. In fact, splinting the wrist beyond 48 hours following carpal tunnel release may be largely detrimental, especially compared to a home therapy program." Therefore this request is not medically necessary.