

Case Number:	CM15-0075720		
Date Assigned:	04/27/2015	Date of Injury:	12/04/2014
Decision Date:	05/26/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/21/2015

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 injured worker is a 56 year old male, who sustained an industrial injury on 12/04/2014. On provider visit dated 03/10/2015 the document stated electromyogram revealed severe right carpal tunnel syndrome. On provider visit 01/22/2015 the injured worker reported using a splint and carpal tunnel symptoms were noted as the same. On examination of the right hand was noted as no atrophy. The diagnoses have included right carpal tunnel syndrome. Treatment to date has included electromyogram, home exercise, wrist splint and medication. The provider requested Right Carpal Tunnel Release and Post-Op Physical Therapy for the right hand QTY: 6. Previous examination noted decreased sensation to light touch in the median nerve distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release: Overturned

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 and 272.

Decision rationale: The patient is a 56 year old male with evidence of right carpal tunnel syndrome supported by symptoms and examination. The diagnosis is supported by electrodiagnostic studies that document a severe condition. The patient has failed conservative management of splinting, NSAIDs and activity modification. From page 270, Chapter 11, CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare. Positive EDS in asymptomatic individuals is not CTS. As stated on page 272, a steroid injection is recommended for mild to moderate carpal tunnel syndrome after failure of splinting and NSAIDs. However, with evidence of a possible severe condition, this recommendation would not be applicable. Therefore, right carpal tunnel release should be considered medically necessary. The UR states that there is no objective evidence that supports the EDS. However, this was documented in the medical records provided for this review as the patient was noted to have decrease sensation to light touch in the median nerve distribution. In addition, the UR states that conservative management has not been fully exhausted. But, as reasoned with a possible severe condition, a steroid injection would not be applicable. In addition, the patient is noted to have undergone splinting, medical management, home exercise program and activity modification.

Post-Op Physical Therapy for the right hand QTY: 6: 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): 10, 15 and 16.

Decision rationale: As right carpal tunnel surgery was considered medically necessary, post-operative physical therapy should be considered medically necessary based on the following guidelines: 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. 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."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 6 visits would exceed the initial course of therapy and should not be considered medically necessary.