

<b>Case Number:</b>	CM15-0076589		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	12/16/1996
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 66 year old female, who sustained an industrial injury on 12/16/1996. She has reported injury to the neck, right shoulder, bilateral wrists, left knee, and low back. The diagnoses have included cervical sprain/strain with radiculopathy; right shoulder impingement syndrome; lumbar sprain/strain with radiculopathy, spondylolisthesis; bilateral carpal tunnel syndrome; and status post left carpal tunnel release. Treatment to date has included medications, diagnostics, injections, physical therapy, and surgical intervention. Medications have included Orphenadrine and Carisoprodol. A progress note from the treating physician, dated 04/06/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued right wrist pain with numbness and weakness; increased pain with gripping of the right hand; and continued bilateral knee pain. Objective findings have included tenderness to palpation of the right wrist, right thumb, right carpometacarpal joint with positive Tinel's sign; and positive swelling and decreased range of motion to the right knee. The treatment plan has included the request for right wrist carpal tunnel release; and physical therapy, twelve sessions over four weeks. Examination findings on 4/6/15 note right wrist positive Tinel's, positive Phalen's and positive carpal compression test. Parts of the note were illegible. Documentation from 3/17/15 notes the use of Ultram and hydrocone among other analgesics. Documentation from 2/27/15 notes that the patient had undergone previous injection to the right wrist with approximately 1-2 weeks of relief but had recurrence of the numbness of the hand. Medications have included Naproxen. Examination notes positive Tinel's, Phalen's and positive carpal compression test. 2 point discrimination is greater than 10 mm in the median nerve distribution.

Katz hand diagram is consistent with moderate probability of carpal tunnel syndrome. Documentation from 2/23/15 notes previous denial of electrodiagnostic studies (EDS) from a recommendation in Jan of 2015. Documentation from review of medical records dated 11/3/14, note previous electrodiagnostic studies from 3/21/07 stating moderate carpal tunnel on the right. She is noted to have had progression of her right carpal tunnel syndrome and recommendation is made for updated EDS.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right wrist carpal tunnel release:** 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).

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

**Decision rationale:** The patient is a 66 year old female with signs and symptoms of right carpal tunnel syndrome that is supported by previous electrodiagnostic studies. It is not clear why recent EDS studies were not authorized. Given the entirety of the medical record with failure of conservative management of NSAIDs, physical therapy and injections and given the significant sensory disturbance documented from 2/27/15, the patient should be considered to have red flags of a serious nature. She is noted to have progression of her right carpal tunnel syndrome. Therefore, right carpal tunnel release should be considered medically necessary. From page 270, Referral for hand surgery consultation may be indicated for patients who:-Have red flags of a serious nature-Fail to respond to conservative management, including worksite modifications-Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Further from page 270, CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Based on these recommendations and given the possible severe condition, right carpal tunnel release should be considered medically necessary. It appears that the UR did not have access to some of the records that were available for this review, including the previous EDS studies and documentation of relevant conservative management. Therefore the request is medically necessary.

**Physical therapy twelve sessions over four weeks:** Upheld

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

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

**Decision rationale:** As a right carpal tunnel release was considered medically necessary, post-operative physical therapy should be considered medically necessary based on the following guidelines: 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. 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, 12 visits would exceed the initial course of therapy and is not medically necessary.