

Case Number:	CM15-0078098		
Date Assigned:	04/29/2015	Date of Injury:	05/31/2012
Decision Date:	05/28/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/23/2015

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:

This 41 year old woman sustained an industrial injury on 5/31/2012. The mechanism of injury is not detailed. Diagnoses include right wrist pain with decreased sensation and left carpal tunnel syndrome. Treatment has included oral medications. Physician notes dated 3/12/2015 show complaints of worsening left hand/wrist and numbness to the right hand/wrist. Recommendations include surgical intervention. Examination of the left hand has included decrease in sensation of the left thumb, index and long fingers. Tinel's, Phalen's and Durkan's tests are positive. Conservative management has included activity modification and medical management. The left hand symptoms are progressing and included nocturnal symptoms. QME dated 11/20/14 notes that the patient has signs and symptoms of a left carpal tunnel syndrome. She had previous electrodiagnostic studies from 2012 that were consistent with bilateral carpal tunnel syndrome. She underwent physical therapy without improvement. She underwent right carpal tunnel release complicated by injury to the median nerve. She subsequently underwent exploration and treatment of a neuroma. She has had worsening of her left carpal tunnel symptoms. She had previously been on NSAIDs but was recommended to stop due to GI issues. She had previously undergone splinting of the left wrist and physical therapy. She was noted to require for left carpal tunnel release. The patient is also noted to have had previous steroid injection of the left wrist carpal tunnel with 1 week of relief in 2014.

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): 270-271.

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 45 year old female with signs and symptoms of a worsening left carpal tunnel syndrome supported by EDS and with failure of conservative management including NSAIDs, splinting, activity modification and steroid injection. Surgical intervention is also supported by QME. The patient has had a complex course following a right carpal tunnel release complicated by median nerve injury with secondary surgical intervention. Therefore, her EDS documenting left carpal tunnel syndrome are not relatively recent, but this does not change her overall clinical assessment and need for surgical intervention. From Chapter 11, ACOEM, 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. Further from page 272, recommendations are made for conservative management including NSAIDs, splinting followed by steroid injection. Based on the entirety of the medical record, the patient has a well-documented left carpal tunnel syndrome that has failed conservative management and is supported by EDS. Therefore, the request is medically necessary.

Associated surgical services: Post-op physical therapy to the left wrist (2 x 8): Upheld

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

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

Decision rationale: As the left carpal tunnel release was considered medically necessary, post-operative physical therapy should be considered medically necessary based on the following: 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." 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. Based on these guidelines, 8 x 2(16) postoperative physical therapy visits would exceed the initial course of therapy guidelines and is not medically necessary. Up to 4 initial therapy visits would satisfy the guidelines.