

Case Number:	CM15-0079145		
Date Assigned:	04/30/2015	Date of Injury:	11/21/2013
Decision Date:	05/29/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/24/2015

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 53 year old female, who sustained an industrial injury on 11/21/2013. The injured worker is currently diagnosed as having severe bilateral carpal tunnel syndrome and left DeQuervain's tenosynovitis. Treatment and diagnostics to date has included electromyography/nerve conduction studies, wrist bracing, therapy, injections, and medications. In a progress note dated 01/16/2015, the injured worker presented with complaints of bilateral hand pain, bilateral hand numbness, and right shoulder pain. The treating physician reported requesting authorization for left carpal tunnel release with associated surgical services including postoperative physical therapy.

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.

Decision rationale: The patient is a 53 year old female with signs and symptoms of bilateral carpal tunnel syndrome that has failed extensive conservative management of splinting, medical management, physical therapy and activity modification. Her signs and symptoms of carpal tunnel syndrome include numbness, positive Phalen's and Tinel's and are supported by electrodiagnostic studies (EDS). These studies are documented to be consistent with a severe condition. 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, surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. 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. A steroid injection can help facilitate the diagnosis but is not necessary in this case as the patient has a well-defined carpal tunnel syndrome that has failed typical conservative management. Therefore, based on ACOEM, the patient satisfies criteria for carpal tunnel release and is medically necessary. The UR stated that there are no confirmatory EDS and that the patient has not failed conservative management. The documentation provided for this review adequately addresses these concerns.

Pre-op internal medicine clearance: 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 ODG, Low back pain, preoperative testing, general.

Decision rationale: The patient is a 53 year old female who was certified for a right carpal tunnel release. Preoperative medical clearance was requested. Based on the entirety of the medical record the patient is not noted to have evidence of significant illness that would require extensive work-up. However, a preoperative history and physical should be considered medically necessary to risk stratify the patient and determine if further medical testing is necessary. From ODG guidelines and as general anesthesia will likely be performed, preoperative testing should be as follows: An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. Thus, an entire preoperative medical clearance is not medically necessary, but a history and physical would be to drive further testing.

Post-op physical therapy x 12: 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): 15 and 16.

Decision rationale: As the right carpal tunnel release was considered medically necessary, postoperative physical therapy should be considered medically necessary based on the following guidelines: From page 15 and 16, physical therapy is 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. Therefore, based on these guidelines, 12 visits would exceed the initial course of therapy guidelines and are not medically necessary. Up to 4 visits would be consistent with these guidelines.