

<b>Case Number:</b>	CM13-0011768		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	07/06/2012
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgeon, and is licensed to practice in Georgia and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 60-year-old male who reported an injury on 07/06/2012. The patient is diagnosed as status post cervical laminectomy and fusion, moderate carpal tunnel syndrome on the right, lumbar spine sprain and strain with bilateral lower extremity radiculopathy, and bilateral knee sprain and strain. The patient was seen by the provider on 09/30/2013. The patient reported neck pain and stiffness, right hand tingling and numbness, and bilateral knee pain and stiffness. Physical examination of the right wrist revealed diminished range of motion and positive Tinel's testing. The treatment recommendations included the authorization for carpal tunnel surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right carpal tunnel release:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Chapter, Carpal Tunnel Release

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state surgical decompression of the median nerve usually relieves carpal tunnel syndrome. Carpal tunnel syndrome must be proven by positive findings on clinical examination, and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. As per the clinical notes submitted, there is no documentation of abnormal Katz hand diagram scores, nocturnal symptoms, or Flick sign. Physical examination only reveals diminished range of motion with positive Tinel's testing. There is no evidence of decreased 2-point discrimination, mild thenar weakness, Phalen's testing, Semmes-Weinstein monofilament testing, or compression testing. Additionally, there is no evidence of a failure to respond to activity modification, night wrist splinting, non-prescription analgesia, or home exercise training. Based on the clinical information received, the patient does not currently meet criteria for a right carpal tunnel release. Therefore, the request is non-certified.

**Pre-op 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 Official Disability Guidelines (ODG), Low Back Chapter, Preoperative testing, general

**Decision rationale:** The Official Disability Guidelines (ODG) state preoperative testing is often performed before surgical procedures. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

**Post-op physical therapy 3x4 right hand:** 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): 15-16.

**Decision rationale:** The California MTUS Guidelines state an 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 post-surgical physical medicine treatment recommendations. Postsurgical treatment following endoscopic carpal tunnel release includes 3 to 8 visits over 3 to 5 weeks. As the patient's surgical procedure has not been authorized, the current request for postoperative physical therapy is also not medically necessary. Therefore, the request is non-certified.