

<b>Case Number:</b>	CM13-0013259		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	06/04/2007
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/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:

This is a 39-year-old female injured in a work related accident 06/04/07. Specific to the claimant's bilateral upper extremities, there is indication of a 08/01/13 electrodiagnostic studies to the upper extremities indicating entrapment of the median nerves at the wrists in a mild to moderate fashion bilaterally. A follow up orthopedic assessment of 08/07/13 indicated examination findings of positive Tinel's testing at the elbows as well as positive Tinel's and Phalen's testing at the wrists. The claimant was with complaints of persistent pain to the bilateral upper extremities. He states at that time due to failed conservative care, operative intervention in the form of a revision right carpal tunnel release followed by a left carpal tunnel release was recommended for further treatment. A prior operative report for review from 05/06/08 indicates that the claimant had previously undergone a right cubital tunnel release at the elbow. There is no formal documentation as to when the previous right carpal tunnel release procedure had taken place. Clinical records further indicate from November 2013 the claimant undergoing a revision right carpal tunnel release with extensive debridement. There was no documentation of specific conservative measures utilized to the left wrist. There are current recommendations for a left carpal tunnel release procedure to be performed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE LEFT CARPAL TUNNEL RELEASE IN 6 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**Decision rationale:** Based on California MTUS Guidelines, surgical process in this case would not be indicated. Electrodiagnostic studies document mild findings of carpal tunnel syndrome to the left upper extremity, but no clinical documentation of recent conservative care measures utilized. The acute need of surgical process given the clinical records available for review would thus not be indicated or supported at present.

**TWELVE (12) POST OP PHYSICAL THERAPY VISITS FOR THE LEFT AND RIGHT WRIST:** 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.

**Decision rationale:** Post-operative physical therapy is not indicated as the need for operative intervention in this case has not been established.

**ONE WRIST SLING:** 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- Treatment In Worker's Comp , 18th Edition, 2013 Updates: Knee Procedure - 18th Edition, 2013 Updates: Durable Medical Equipment (DME)

**Decision rationale:** MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of a sling would not be indicated as the need of operative intervention has not been established.

**ONE MEDICAL CLEARANCE WITH INTERNIST BETWEEN 7/23/10 AND 10/23/13:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7 Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental

Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations And Consultations, page 127.

**Decision rationale:** MTUS Guidelines would not support the role of preoperative medical clearance as the need for operative intervention has not been established.