

<b>Case Number:</b>	CM13-0014237		
<b>Date Assigned:</b>	10/02/2013	<b>Date of Injury:</b>	07/19/2011
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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 Plastic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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:

The claimant is a 41-year-old female that complains of radiating pain to her right hand. Exam shows diminished sensation in the fingers of the median nerve distribution. Phalen and Tinel testing is positive. Nerve conduction testing on 8/25/12 showed chronic right C-5 radiculopathy and no evidence of carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT CARPAL TUNNEL RELEASE (CTR) OF THE RIGHT WRIST: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the ACOEM guidelines, Chapter 11, 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." This patient has symptoms that are consistent with a C-5 radiculopathy, and her nerve conduction test is positive for C-5 radiculopathy and negative for carpal tunnel syndrome Per the ACOEM guidelines, Carpal Tunnel Release is not medically necessary.

**UNKNOWN PRESCRIPTION OF MEDICATIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS guidelines list indications for specific medications in the Chronic Pain guidelines. In this case, a specific medication is not requested. Therefore, the MTUS guidelines cannot support the request for the medication. The request is not medically necessary.

**PHYSICAL THERAPY FOR THE RIGHT WRIST:** 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) Forearm, Wrist and Hand, Physical therapy.

**Decision rationale:** The patient has not had surgery. She has wrist pain of unclear etiology. The MTUS guidelines are specific for postoperative therapy recommendations. The ODG guidelines include recommendations for therapy for wrist diagnoses, but this patient does not have a clear diagnosis for her wrist pain. In addition, the request does not specify the number of sessions requested. ODG and MTUS do not support open ended requests for therapy. Therefore, the request is not medically necessary.