

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0027779 |                              |            |
| <b>Date Assigned:</b> | 03/19/2014   | <b>Date of Injury:</b>       | 09/18/2012 |
| <b>Decision Date:</b> | 06/10/2014   | <b>UR Denial Date:</b>       | 08/19/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/19/2013 |

### 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:

The patient is a 53-year-old male who reported injury on 09/18/2012. The mechanism of injury was noted to be the patient was trying to re-direct an agitated client, and the client was kicking the patient in the left thigh. The patient was noted to be utilizing his left arm to control the client's leg to prevent him from kicking, and the patient felt a pull in the left forearm. The patient was treated with physiotherapy, medications, and home exercises. The patient's diagnosis included left wrist flexor tenosynovitis, left wrist neuropraxia median nerve, fasciitis left distal forearm antebrachial fascia, possible adhesions in the flexor tendons of the left wrist, possible adhesions in the flexor tendons of the left wrist and hand, and carpal tunnel syndrome. The patient had an EMG/NCS on 06/20/2013, which revealed the patient had moderate left carpal tunnel syndrome and mild left cubital tunnel syndrome across the elbow. Physical examination on 07/19/2013 revealed the patient had a positive Durkan's test in the right wrist, indicating numbness to the thumb and finger of the left hand, and the patient had a questionable positive Phalen's test. Testing of the left elbow revealed a positive Tinel's over the left ulnar nerve groove, and mild weakness in the intrinsic muscles of the left hand. Treatment plan was noted to include a tenosynovectomy of the left wrist with decompression, carpal tunnel syndrome surgery, laboratory testing, a chest x-ray, EKG, and PFT, as well as medical clearance from a medical physician, postoperative DME, and post-operative medications as well as physiotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A left 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 Syndrome Chapter, Carpal Tunnel Release.

**Decision rationale:** Forearm, Wrist, and Hand Complaints ACOEM Guidelines indicate that patients with moderate or severe carpal tunnel syndrome have better outcomes from surgery than from splinting. 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. However, there is a lack of specific criterion for carpal tunnel surgery. As such, secondary guidelines were sought. Official Disability Guidelines indicate when there is not severe carpal tunnel syndrome, a patient should have all of the following, including 2 of 3 symptoms, including abnormal Katz hand diagram scores, nocturnal symptoms, and flick's sign; physical examination requires 2 of the following: a Phalen's test and Tinel's sign; and initial conservative treatment requires 3 of the following, including activity modification, night wrist splint, non-prescription analgesia, and home exercise training. Additionally, there should be positive electrodiagnostic testing. Clinical documentation submitted for review failed to provide the patient had documentation of 2 symptoms, as the patient's diagnosis was noted to be moderate, not severe. Additionally, the patient had a positive Tinel's sign to the left ulnar groove, and a possible positive Phalen's test; however, there was a lack of documentation indicating a positive Tinel's sign on the left wrist to support the necessity for a carpal tunnel release. Additionally, there was a lack of documentation indicating the patient had activity modification, a night wrist splint, and nonprescription analgesia and the duration of the other conservative care. Given the above, the request for a left carpal tunnel release is not medically necessary.

**Preoperative medical clearance:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**A chest x-ray:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**An electrocardiogram:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pulmonary function tests:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**A complete blood count:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Prothrombin time testing:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**PPT testing:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**A Chem 12 profile:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**An interferential unit with supplies:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**A Micro cool unit:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**An exercise kit:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**A volar wrist brace:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**A smart glove:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**DVT compression pump and stockings:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.