

<b>Case Number:</b>	CM14-0107395		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/03/2009
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 56 year old male who sustained an industrial injury on 4/03/2009. A specific mechanism of injury is not provided in the documentation. He underwent cervical ACDF at C5 to T1 in 2/2013. He complained of developing hypoesthesia in the left hand/arm after surgery. An EMG/NCV study of the left upper extremity on 8/16/2013 provided the impression: abnormal due to denervation of the left C6 and C7 muscles and paraspinals. This is consistent with left C6/C7 radiculopathy. An EMG/NCV study of the left upper extremity on 3/13/2014 revealed there is electrophysiological evidence of: 1. Moderate left median nerve compromise at or near the wrist/carpal tunnel affecting the sensory and motor components. This is indicative of a demyelinating process. 2. Chronic left C6 and C7 cervical radiculopathy. According to the 1/15/2014 progress report, the patient presents for follow-up. He reports having continued numbness in the last three digits of the left hand. The injured worker described feeling a knot in the left arm, above the wrist and below the elbow. He describes symptoms of right numbness. Pain is 0/10. These symptoms have been present since surgery. Symptoms are worse with activity and alleviated by rest. Symptoms are associated with numbness radiating down the arm. Past medical history includes diabetes, hypercholesterolemia, and broken bones/hypertension. Examination documents hypertrophy of right trapezius, hypesthesia of first 3 digits in left hand, and negative Tinel's. Assessment is cervical DDD and hypesthesia in first 3 digits of the left hand. EMG was recommended. According to the documentation provided, the patient had a follow-up on 6/4/2014 to review results of electrodiagnostic study. He described symptoms of numbness in the fingers of the left hand. Pain is rated 0/10. Symptoms are intermittent, worse with activity and alleviated by rest. Examination describes normal sensation to light touch in all extremities. The patient is neurologically stable. The patient is interested in left CTR to help

alleviate severe pain and numbness in the left hand. Left CTR was recommended. The diagnosis is left carpal tunnel syndrome.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left Carpal Tunnel Release: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Syndrome (updated 02/20/14): Carpal Tunnel Release Surgery (CTR).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

**Decision rationale:** According to the CA MTUS guidelines, surgery may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management, including worksite modifications, and 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. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. The 3/13/2014 EMG/NCV revealed moderate left CTS and chronic left C6 and C7 cervical radiculopathy. There is diagnostic evidence to indicate left CTS, however, there has been no history of conservative care and there are no notable clinical findings. The medical records document the patient is neurologically intact. The medical records do not establish the patient has significant symptoms and clinical findings of CTS that have failed to respond to conservative care, including cortisone injection. The medical records do not establish the patient is candidate for left carpal tunnel release, the medical necessity of the request has not been established.