

<b>Case Number:</b>	CM14-0108203		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Surgeon, has a subspecialty in Hand Surgeon and is licensed to practice in 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 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 injured worker is a 47-year-old female who reported an injury on 10/05/2012. The mechanism of injury was not provided. Prior treatments included medications, physical therapy, and acupuncture. The documentation indicated the injured worker had previously utilized bracing and medications specifically for the hand complaints. There were multiple musculoskeletal complaints. The documentation indicated the injured worker had electrodiagnostic studies on 06/19/2013, which revealed mild bilateral median nerve compression at the carpal tunnels, affecting only the sensory components and without evidence of axonal loss or neuropathic changes in the distal thenar musculature. There were chronic neuropathic changes in the thenar musculature of both hands, much more prominent on the right, with evidence of chronic denervation reinnervation in this musculature. This chronic finding suggests that the above median nerve compression at the wrist was previously much more severe and involved motor axons. There was no evidence of cervical radiculopathy. The physical examination dated 05/19/2014 revealed the injured worker had a Phalen's test and reverse Phalen's test that were negative on the left and positive on the right. Weakness with resisted function along the shoulders was noted. Numbness in all 5 fingers was noted. The diagnosis included carpal tunnel syndrome bilaterally status post decompression on the right. The treatment plan included surgical intervention including carpal tunnel on the left side.

### 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 Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery, Carpal Tunnel Release.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**Decision rationale:** The ACOEM Guidelines indicate that a surgical consultation may be appropriate for injured workers who have red flags of a serious nature, a failure to respond to conservative management including work site modifications, and those who 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. Additionally, carpal tunnel syndrome must be proved by positive findings on physical examination, and the diagnosis should be supported by nerve conduction studies before surgery is undertaken. The clinical documentation submitted for review indicated the injured worker had mild bilateral median nerve compression at the carpal tunnel, which was suggestive of previously much more severe and involved motor axons. There were no objective findings upon examination of the left wrist. Given the above, the request for a left carpal tunnel release is not medically necessary.

**Preoperative clearance to include a physical and the history of patient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical fee Schedule, 1999 edition, pages 92-93.

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported

**Complete blood count (CBC) and comprehensive metabolic panel(CMP) laboratory test:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Chest x-ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Cold therapy unit rental for 14 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome(Acute & Chronic).

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**One sling:** 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:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Amoxicillin 875 mg #20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Collaborating Centre for Women's and Children's Health. Surgical Site infection: prevention and treatment of surgical site infection.

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Zofran 8 mg #20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic).

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**ReJuveness (Silicone sheeting):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kaskutas V, Snodgrass J. Occupational therapy practice guidelines for individuals with work- related injuries and illnesses. Bethesda (MD) American Occupational Therapy Association (AOTA); 2009 page 176.

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.