

<b>Case Number:</b>	CM14-0014630		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	10/06/2003
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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:

Patient is a 55-year-old male who has submitted a claim for cervical spine disc protrusion and bilateral carpal tunnel syndrome associated with an industrial injury date of 10/06/2003. Medical records from 2013 were reviewed. Patient complained of cervical pain associated with numbness and tingling of the left hand. There were no complaints of numbness or pain at the right hand. Physical examination of the right hand showed full range of motion. Both Tinel's and Phalen's signs were positive at the left. Sensation was diminished at the left index and middle finger. Treatment to date has included carpal tunnel release at the right, and medications such as Norco, Motrin, and Soma. Utilization review from 01/22/2014 denied the requests for carpal tunnel release of the left hand with cold machine and post-operative physical therapy 3x4 for the left hand because there was no evidence that patient had exhausted all conservative measures. The request for bilateral wrist brace was modified into left wrist brace as part of conservative care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL WRIST BRACE:** 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Splinting.

**Decision rationale:** The CA MTUS ACOEM Practice Guidelines recommend wrist splinting for acute, subacute, or chronic carpal tunnel syndrome (CTS). The Official Disability Guidelines recommend splinting of wrist in neutral position at night & day prn (when necessary), as an option in conservative treatment. In this case, patient has a known case of bilateral carpal tunnel syndrome. Patient complained of numbness and tingling of the left hand associated with positive Tinel's and Phalen's signs, and dysesthesia at the left index and middle finger. The medical necessity of a wrist brace for the left hand would have been established. However, the present request also included a brace for the contralateral right hand. Patient underwent right carpal tunnel release and recent progress report showed no complaints of numbness or pain at the right hand. The medical necessity of a wrist brace for the right hand was not established. Therefore, the request for bilateral wrist braces, as submitted, was not medically necessary.

**CARPAL TUNNEL RELEASE OF THE LEFT HAND:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Chapter 9.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome chapter, Carpal tunnel release surgery (CTR).

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. According to ODG, carpal tunnel release surgery is recommended after an accurate diagnosis of moderate to severe carpal tunnel syndrome. For severe carpal tunnel syndrome, indications include muscle atrophy and severe weakness of the thenar muscles, two-point discrimination test > 6 mm, and positive Electro Diagnostic Testing. For other cases, indications include symptoms - nocturnal symptoms, flick sign, abnormal Katz hand diagram scores; at least two of the following - Compression Test, Semmes-Weinstein Monofilament Test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, or mild thenar weakness; initial conservative treatment, at least 3 of the following - activity modification > 1 month, night wrist splinting > 1 month, analgesic medications, home exercise training, or successful outcome from Corticosteroid Injection trial; and positive Electro Diagnostic Testing. In this case, patient has a known case of left carpal tunnel syndrome. Patient complained of numbness and tingling of the left hand associated with positive Tinel's and Phalen's signs, and dysesthesia at the left index and middle finger. However, there was no documentation if patient had tried and subsequently failed physical therapy. There was no electro diagnostic study available for review. No comprehensive physical examination was likewise available. Guideline criteria were not met. Therefore, the request for left carpal tunnel release is not medically necessary.

**POST-OPERATIVE THERAPY 3 X 4 FOR THE LEFT HAND:** 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:** The related request for Left Carpal Tunnel Surgery has been deemed not medically necessary; therefore, all of the associated services, such as this request for POST-OPERATIVE THERAPY 3 X 4 FOR THE LEFT HAND are likewise not medically necessary.