

<b>Case Number:</b>	CM14-0016266		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/21/2011
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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:

This is a 56-year-old female who sustained a vocational injury related to working as a court reporter on 7/21/11. The medical records provided for review document a current diagnosis of cervical discopathy, carpal tunnel/double crush syndrome, left first carpometacarpal joint arthrosis, bilateral shoulder internal derangement, and thoracic outlet syndrome versus cubital tunnel syndrome. The report of the office visit on 12/2/13 documented a recommendation for cervical spine surgery due to continued complaints of symptomatology in the upper extremities with paresthesias and numbness at night. On examination of the bilateral wrists and hands, there was tenderness of the bilateral thumb carpometacarpal joints, left greater than right, a positive grinding sign, a positive Tinel's and Phalen's test, and pain with terminal flexion. The report of the EMG/NCV performed on 1/21/14 showed no electrodiagnostic evidence of carpal tunnel syndrome or ulnar neuropathy in the bilateral upper extremities. Electromyographic indicators of acute cervical radiculopathy were not noted. Conservative treatment to date has included medications, chiropractic measures, injection of steroids to the left thumb, and physical therapy for the hands. This request is for bilateral carpal tunnel release, left followed six weeks later by right carpal tunnel release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral carpal tunnel release (with left side to be done first, followed in six weeks on the right side): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workman's Compensation-Carpel Tunnel Syndrome Procedure Summary last updated 05/07/13.

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

**Decision rationale:** California ACOEM Guidelines recommend that prior to considering surgical intervention for carpal tunnel syndrome, there needs to be electrodiagnostic evidence of pathology to the carpal tunnel/median nerves which is not confirmed by the electrodiagnostic studies of 01/21/14. ACOEM also recommends night splinting, anti-inflammatory medications, activity modification, vocational modification, and consideration of a carpal tunnel injection prior to considering or recommending surgical intervention for carpal tunnel syndrome. Based on the documentation presented for review and in accordance with California ACOEM Guidelines, the request for the bilateral carpal tunnel releases cannot be considered medically necessary.

**Post-op occupational therapy 3 times per week for 4 weeks for bilateral wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

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

**Pre-op clearance with internist [REDACTED]:** 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 American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examination and Consultation PAGE 127.

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