

<b>Case Number:</b>	CM14-0124166		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	03/30/2009
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Pennsylvania. 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 64-year-old female with a date of injury of March 30, 2009. The listed diagnoses per [REDACTED] are Status post left carpal tunnel release with improvement, January 2013, and Carpal tunnel syndrome at right wrist. According to progress report February 20, 2014, the patient presents with continued right wrist pain, which has not improved with conservative treatment. Her conservative treatment thus far includes night splinting, corticosteroid injection, and course of physical therapy. Treater states due to exhaustion of conservative treatments, she is now a surgical candidate and requesting authorization for right carpal tunnel release, preoperative evaluation for clearance, postoperative physical therapy (8 visits). Patient states the pain can reach a 10/10 at its worst. On examination, there is tenderness at the right wrist. There is palmar- and dorsal-sided tenderness to palpation over the right and left wrist and hands. There was radial and ulnar-sided tenderness over the right wrist/hand. Patient is complaining of continued pain and tingling in the thumb and index finger. The treater is requesting right carpal tunnel release and preop medical clearance. Utilization review denied the request on July 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRE-OP MEDICAL CLEARANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pre-operative lab testing.

**Decision rationale:** The Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines would not support the request for preoperative medical clearance. The medical records document that the claimant recently underwent a left carpal tunnel release procedure. There is no documentation that the claimant experienced any anesthetic or perioperative issues from a medical standpoint. The documentation regarding the claimant's past medical history does not identify any evidence of underlying comorbidity that would not support right carpal tunnel release surgery. The request for preoperative medical clearance in this individual who recently underwent a contralateral left carpal tunnel release procedure with no medical issue would not be supported. Therefore, the request for pre-operative medical clearance is not medically necessary or appropriate.

**RIGHT CARPAL TUNNEL RELEASE:** Overturned

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

**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 release surgery (CTR) Recommended after an accurate diagnosis of moderate or severe CTS. Surgery is not generally initially indicated for mild CTS, unless symptoms persist after conservative treatment. See Severity definitions. Carpal tunnel release is well supported, both open and endoscopic (with proper surgeon training), assuming the diagnosis of CTS is correct. (Unfortunately, many CTR surgeries are performed on patients without a correct diagnosis of CTS, and these surgeries do not have successful outcomes.) Outcomes in workers' comp cases may not be as good as outcomes overall, but studies still support the benefits from surgery. Carpal tunnel syndrome may be treated initially with education, activity modification, medications and night splints before injection is considered, except in the case of severe CTS (thenar muscle atrophy and constant paresthesias in the median innervated digits), but outcomes from carpal tunnel surgery justify prompt referral for surgery in moderate to severe cases. Nevertheless, surgery should not be performed until the diagnosis of CTS is made by history, physical examination and possible electrodiagnostic studies. Symptomatic relief from a cortisone/anesthetic injection will facilitate the diagnosis, however the benefit from these injections although good is short-lived. Surgical decompression of the median nerve usually has a high rate of long-term success in relieving symptoms, with many studies showing success in over 90% of patients where the diagnosis of CTS has been confirmed by electrodiagnostic testing. (Patients with the mildest symptoms display the poorest post-surgery results, but in patients with moderate or severe CTS, the outcomes from surgery are better than splinting.) Carpal tunnel syndrome should be confirmed by positive findings on clinical examination and may be supported by nerve conduction tests before surgery is undertaken. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare. Positive EDS in asymptomatic individuals is not CTS. Any contributions to symptoms by cervical radiculopathy (double crush syndrome) will not be relieved by the surgery. (Various

references listed under "Surgical Considerations") (Chung, 1998) (Verdugo, 2002) (Shin, 2000) (AHRQ, 2003) (Lyal, 2002) (Gerritsen-JAMA, 2002) (Verdugo-Cochrane, 2003) (Hui, 2004) (Hui, 2005) (Bilic, 2006) (Atroschi, 2006) (Ucan, 2006) Being depressed and a workers' compensation claimant predicts being out of work after carpal tunnel release surgery. This highlights the importance of psychosocial management of musculoskeletal disorders. (Amick, 2004) (Karjalainen-Cochrane, 2002) (Crossman, 2001) (Denniston, 2001) (Feuerstein, 1999) Older age should not be a contraindication to CTR. (Weber, 2005) (Hobby2, 2005) In a sample of patients aged 70 years and older, patient satisfaction was 93 percent

**Decision rationale:** The Forearm, Wrist, and Hand Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines support the request for right carpal tunnel release. The claimant has positive electrodiagnostic evidence of carpal tunnel syndrome, positive examination, and has failed conservative care. Given the above, the request for carpal tunnel release procedure in this case would be supported as medically necessary. Therefore, the request for right carpal tunnel release is medically necessary and appropriate.