

<b>Case Number:</b>	CM14-0126714		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Hand Surgery and is licensed to practice in Oregon. 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 51 year old male who reported an injury on 07/12/2012. The mechanism of injury was reported that the patient experienced an onset of bilateral upper extremity pain as he attempted to restrain a falling drum. The patient was diagnosed with bilateral carpal tunnel syndrome. The patient was status post left shoulder surgery. The patient complained of numbness and tingling in the right hand. It happened more times at night with episodes where the hand to be "shaken off." The clinical note dated 03/06/2014 stated repetitive tasks were being effected, specifically repetitive fine motor skills by the patient's numbness and tingling in the hands, There was also a report of weakness, in particular, clumsiness with grasping and manipulating objects. The physical examination on that day revealed a positive Phalen's test and a positive Tinel's sign noted upon the wrist examination. Normal range of motion was noted in the wrist. There was mild 2-point discrimination sensory loss, specifically with Phalen's maneuver. The clinical note dated 04/17/2014 stated the patient continued to experience pain and discomfort in the upper extremity. The physical examination of the right upper extremity revealed a positive Phalen's test and positive Tinel's sign upon examination. The patient had normal range of motion in the wrist. The patient had an EMG/NCS on 05/29/2014 that revealed electrodiagnostic evidence of moderate carpal tunnel syndrome in the bilateral hands. There was no electrodiagnostic evidence of cervical radiculopathy. The clinical note dated 06/12/2014 stated the patient was seen for followup regarding the bilateral wrists. The symptoms had included some numbness and tingling in the hands. This was many times more evident at night. There was also reported weakness in particular with clumsiness with grasping and manipulating objects. The physical examination revealed a positive Phalen's and Tinel's sign to the right upper extremity. The patient had normal range of motion in the wrist. Thenar musculature showed no atrophy. There was a mild 2-point discrimination sensory loss,

specifically with Phalen's maneuver. Testing of the radial and ulnar nerves showed they were intact. No deformity or diminished grip strength was noted. The left side had a very similar exam. The patient was recommended a left wrist endoscopic carpal tunnel release tentatively scheduled for 08/01/2014.

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

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

**Left wrist endoscopic 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:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**Decision rationale:** According to the ACOEM Guidelines, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken." This patient has significant symptoms of carpal tunnel syndrome, an exam consistent with carpal tunnel syndrome and positive electrodiagnostic studies for median nerve compression. Per the ACOEM guidelines, carpal tunnel release is medically necessary.

**Post-op Physical Therapy x 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** Per the MTUS Guidelines, up to 8 visits are allowed for post-surgical therapy for carpal tunnel syndrome. The request for 12 visits exceeds the guidelines and is not medically necessary and appropriate.

**Assistant Surgeon:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Other Medical Treatment Guideline or Medical Evidence: American College of Surgeons 2011 Physicians as Assistants at Surgery.

**Decision rationale:** According to the American College of Surgeons 2011 Physicians as Assistants at Surgery, an assistant is sometimes necessary for this procedure (29848). The records do not document any special circumstances that require an assistant in this case. As such, the request is not medically necessary and appropriate.

**Wrist Splint:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Release.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: *Plast Reconstr Surg.* 2008 Oct;122(4):1095-9. doi: 10.1097/PRS.0b013e31818459f4. Splinting after carpal tunnel release: current practice, scientific evidence, and trends. Henry SL1, Hubbard BA, Concannon MJ.

**Decision rationale:** According to a study by Henry et al, "The use and duration of splinting after carpal tunnel release vary widely among hand surgeons. This divergence of practice implies that there is little therapeutic benefit to splinting after this procedure, a concept supported by substantial scientific evidence and by a trend away from splinting over the past 20 years." Splinting following carpal tunnel release is not medically necessary.