

<b>Case Number:</b>	CM14-0129999		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	04/07/2010
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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:

The claimant is a 55-year-old who sustained any injury to the bilateral upper extremities in a work related accident on 04/07/10. The clinical records provided for review include a PR2 report dated 07/24/14 describing continued numbness and tingling of the bilateral hands. The report documents that a carpal tunnel injection of the left wrist at the last evaluation did not provide any benefit. Physical examination is documented to show a positive Tinel's and Phalen's testing. Electrodiagnostic studies dated 05/03/12 did not reveal any evidence of electrophysiological findings indicative of carpal tunnel syndrome; the test was negative. The current request is for a left carpal tunnel release surgery, preoperative laboratory testing, chest x-ray, EKG (Electrocardiogram) and a right wrist corticosteroid injection to the carpal tunnel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Wrist Carpal Tunnel surgery (at Canyon Pinole Surgery Center): 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, Carpal Tunnel Syndrome Procedure Summary (last updated 02/20/2014) Indications for surgery--Carpal Tunnel Release.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-270.

**Decision rationale:** Based on California ACOEM Guidelines, the request for left wrist carpal tunnel surgery cannot be recommended as medically necessary. ACOEM Guidelines state that the diagnosis of carpal tunnel syndrome be established based on physical examination and positive electrodiagnostic studies. The electrodiagnostic report dated 05/03/12 is a negative study that fails to demonstrate carpal tunnel findings. Without clinical correlation between the examination findings and the electrodiagnostic studies, the request for left carpal tunnel surgery is not medically necessary.

**Pre-op lab work: BMP, UR Complete, PT, PTT, W/NR, CBC W/diff:** 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 Procedure Summary (last updated 07/03/2014), Criteria for Preoperative lab testing.

**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 Examinations and Consultations, page 127.

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

**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 Procedure Summary (last updated 07/03/2014), Criteria for Preoperative lab testing.

**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 Examinations and Consultations, page 127.

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

**EKG (electrocardiogram):** 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 Procedure Summary (last updated 07/03/2014), Criteria for Preoperative lab testing.

**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 Examinations and Consultations, page 127.

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

**Right wrist Cortisone injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome Procedure Summary (last updated 02/20/2014) Cortisteroid injections.

**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), Forearm, Wrist and Hand: Chapter: 11 Page 265.

**Decision rationale:** The California ACOEM Guidelines do not support the request for right wrist cortisone injection. The medical records provided for review include a report of negative electrodiagnostic studies. The records also document that no benefit was received from a contralateral left wrist injection; the left wrist also had negative electrodiagnostic studies. According to the ACOEM Guidelines, Corticosteroid injections of the wrist are of questionable merit. In the absence of a firm diagnosis of carpal tunnel syndrome, based on the claimant's negative electrodiagnostic studies, this injection procedure would not be supported. Therefore, this request is not medically necessary.