

<b>Case Number:</b>	CM14-0169946		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	01/21/2014
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 injured worker is a 49-year-old female who reported an injury on 01/21/2014 due to the repetitive nature of her work. She felt pain to the neck and the upper extremities and bilateral hand pain. Diagnoses included shoulder sprain/ strain, elbow/forearm sprain/strain, bilateral wrist sprain/strain, and carpal tunnel syndrome. Prior treatments included cortisone injections, ice, rest, over the counter medication, wrist brace, and physical therapy. The diagnostics included an unofficial x-ray of unknown date to the bilateral hands that revealed no acute fractures or dislocations; radiographs were grossly unremarkable. The nerve conduction study of the bilateral upper extremities revealed carpal tunnel syndrome, per documentation. Medications included orthognathic gel and Voltaren gel with a rate of pain of 5/10 using the Visual Analog Scale (VAS). The objective findings dated 07/01/2014, of the bilateral wrists revealed pain in hands and wrists with numbness; pain with gripping and driving and a positive Tinel's. The Jamar right was 8, 6, 4; left 10, 8, 8. The treatment plan included a carpal tunnel release surgery, preoperative clearance, physical therapy, and acupuncture. The request for authorization dated 10/20/2014 was submitted within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right carpal tunnel release surgery:** Upheld

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

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

**Decision rationale:** The request for right carpal tunnel release surgery is not medically necessary. The California MTUS/ACOEM state that a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature that include: fail to respond to conservative management, including worksite modifications; and have clear clinical and special study evidence of a lesion that has not been shown to benefit, in both the short and long term, from surgical interventions. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits and, especially, expectations are very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. For carpal tunnel, surgical decompression of the median nerve usually relieves carpal tunnel syndrome symptoms. High quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of carpal tunnel syndrome. Patients with the mildest symptoms display the poorest postsurgical results. Patients with moderate to severe carpal tunnel syndrome made better outcome from surgery than splinting. Carpal tunnel syndrome must be proved by positive findings on clinical examination, and the diagnosis should be supported by nerve conduction study before surgery is ever taken. Mild carpal tunnel syndrome with normal electrodiagnostic studies exists; but moderate to severe carpal tunnel syndrome with normal EDS is very rare. EDS in asymptomatic individuals is not carpal tunnel syndrome. Studies have not shown portal nerve conduction studies to be an effective diagnostic tool. Surgery will not relieve any symptoms from cervical radiculopathy, double crush syndrome; likewise, diabetic patients with peripheral neuropathy cannot expect a full recovery; and total abatement of symptoms after nerve compressions. The documentation provided was not evident of an MRI for review. The documentation also stated that the injured worker had had an electromyogram and nerve conduction study; however, the documentation was not provided. Additionally, the findings were not evident of muscle atrophy or 2 point discrimination test greater than 6 mm. As such, the request was not medically necessary.

**Pre-operative medical clearance:** 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 Page(s): 270-271.

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

**Physical therapy 2 x 6 for right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

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

**Physical therapy right shoulder 2 x 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

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

**Acupuncture 1 x 6 right shoulder:** Upheld

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

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

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

**Acupuncture 1 x 6 right elbow:** Upheld

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

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

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