

<b>Case Number:</b>	CM14-0173304		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 54 year-old male with a 5/14/12 date of injury. The patient was most recently seen on 5/11/14 with complaints of increasing neck pain, discomfort, numbness, tingling, and stiffness. He also experienced pain and numbness in both hands. Diffuse discogenic disease was noted in cervical MRI and rotator cuff tears were noted on the shoulders. The patient subsequently underwent surgery on both shoulders, and was being seen preoperatively in anticipation of a cervical discectomy. Exam findings revealed moderate paraspinous spasm in the cervical region. Girth measurements of the biceps and forearms were normal bilaterally, and grip strength measurements were mildly decreased bilaterally. The deep tendon reflexes were +2/+4. No sensory or motor findings were documented. The patient's diagnoses included: 1) Chronic cervical sprain, discogenic disease; 2) Bilateral rotator cuff tears and impingement; 3) Status post surgery, left shoulder; 4) Status post surgery, right shoulder. The UR reviewer commented on a more recent office visit note dated 9/18/14, which was not among the records available to this reviewer. On this date, complaints were again primarily related to the neck and bilateral shoulders, but also included reference to carpal tunnel type symptoms, and findings consistent with a carpal tunnel syndrome of the right wrist. Due to problems with authorization, no EMG/NCV had been performed. On physical exam, the patient had a positive Tinel's at the wrist. The medications included: Norco Significant Diagnostic Tests: Not documented in the clinical records submitted. Treatment to date: Medications. Medication, surgery An adverse determination was received on 9/30/14 due to clinical findings not supporting the diagnosis of carpal tunnel syndrome, and inadequate documentation of a comprehensive examination. Moreover, there was no evidence of failure of conservative care and no evidence of electrodiagnostic confirmation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Carpal Tunnel Surgery of the right wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for surgery - Carpal Tunnel Release

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (Carpal Tunnel Syndrome Chapter).

**Decision rationale:** CA MTUS criteria for carpal tunnel release include failure of non-operative treatment or severe symptoms such as continuous tingling and numbness; most patients should have had at least 1 glucocorticosteroid injection; and patients who do not have a glucocorticosteroid injection that results in at least partial benefit should have an electrodiagnostic study (EDS) consistent with CTS. This patient has been treated for neck pain, with radiation of pain, numbness and tingling down the bilateral upper extremities, since May of 2012. He has had a cervical discectomy, as well as surgery on both shoulders. No documentation was provided regarding any conservative treatment employed in the past, such as steroid injections, nor failure of such conservative treatment. According to the most recent office note mentioned by the UR reviewer (treatment note not available in current medical records provided), there was a positive Tinel's test at the right wrist. There was no mention of a comprehensive neurological examination having been performed, and none was available in the remaining treatment notes provided. As such, there is no documentation of significant sensory or motor changes that would be typical of carpal tunnel syndrome. A positive Tinel's test is suggestive of possible median nerve entrapment. However, no confirmatory electrodiagnostic evidence was available to support the diagnosis. A higher burden of proof is necessary not only to satisfy CA MTUS guidelines, but also to justify surgical intervention. Therefore, the request for Carpal Tunnel Surgery of the right wrist is not medically necessary.