

<b>Case Number:</b>	CM14-0173703		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	04/25/2011
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 surgeon and is licensed to practice in Arizona. 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 40-year-old male who complains of pain and numbness in his left hand. He sustained a lifting injury on 4/25/2011 which caused a strain/sprain of his left upper extremity. As result of the injury, he was diagnosed as having a cubital tunnel syndrome and underwent 2 releases of the ulnar nerve but still complains of numbness over the little finger. According to a progress note dated 9/10/2014, the patient is complaining of numbness over the median and ulnar nerve distribution of his left hand. He has a positive Tinel and Phalen test. He is already had a cortisone injection into his carpal tunnel space and has been to physical therapy without relief of his numbness. Electrodiagnostic studies dated 1/10/2013 show no evidence of carpal tunnel syndrome bilaterally and no evidence of ulnar neuropathy at the cubital tunnel or Guyon's tunnel. Because of ongoing symptoms of numbness along the median nerve distribution, a request is made for a carpal tunnel release and possible flexor tenosynovectomy and or median nerve neurolysis

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Service: Norco 5/325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Since the carpal tunnel release surgery has not been certified, there is no medical necessity for the opioid, Norco 5/325.

**Associated Surgical Service: Lidoderm Patch 5%, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches, topical analgesia Page(s): 56-57, 111-113.

**Decision rationale:** Since the carpal tunnel release has not been certified, there is no medical necessity for using Lidoderm patches. In addition, it is only FDA approved for post herpetic syndrome.

**Associated Surgical Service: Left carpal tunnel release with possible flexor tenosynovectomy QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 259-267.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel syndrome, carpal tunnel release surgery

**Decision rationale:** The CA MTUS guidelines state that carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction studies before surgery is undertaken. The ODG guidelines recommend surgery for moderate or severe carpal tunnel syndrome. Moderate and severe carpal tunnel syndrome almost always has a positive electrode diagnostic study. If the carpal tunnel symptoms are not severe, then, they require an abnormal Katz diagram score, nocturnal symptoms, and a positive flick sign. On physical examination, they require a monofilament test, compression test, Phalen sign, Tinel sign and decreased 2 point discrimination. There is no documentation of any of these findings in the medical record except for a positive Phalen and Tinel sign. Therefore, based on current guidelines, the medical necessity for a carpal tunnel release has not been established.

**Associated Surgical Service: Median neurolysis QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 259-267.

**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 syndrome, carpal tunnel release

**Decision rationale:** While the ODG states that they have no recommendations for or against the adjunctive procedure of internal neurolysis of the median nerve, since the carpal tunnel release has not been certified, there is no medical necessity for internal neurolysis.

**Associated Surgical Service: Preoperative medical clearance evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, page 127

**Decision rationale:** The ACOEM guidelines recommends consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss. Since the surgical procedure of carpal tunnel releases not certified, there is no medical necessity for preoperative surgical clearance.

**Associated Surgical Service: Initial postoperative therapy QTY: 8:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**Decision rationale:** If carpal tunnel release was approved, then 3-8 visits of therapy over 3-5 weeks may be justified. However, since the carpal tunnel release surgery has not been certified, there is no medical necessity for postoperative physical therapy.

**Associated Surgical Service: Continuous cold therapy unit QTY: 1:** 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): 272, 273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel syndrome, continuous cold therapy

**Decision rationale:** If surgery is undertaken, this option is recommended in the postoperative setting. However, since the surgery has not been certified, there is no medical necessity for continuous cold therapy.