

Case Number:	CM14-0030404		
Date Assigned:	06/20/2014	Date of Injury:	01/10/2011
Decision Date:	09/17/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/10/2014

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 52 year old male with a date of injury of 1/10/11. The patient describes cumulative trauma from years of repetition during his career. In a 1/14/14 evaluation, the patient reports subjective complaints of pain in the radial aspect of both wrists, numbness and tingling in the volar surfaces of his thumb, index, and middle fingers, and difficulty holding books and brushing his teeth. Objective findings include tenderness to palpation over the volar aspect of the wrists, positive Tinel's sign, positive Phalen's test, positive Durken's compression test, and decreased sensation to light touch over the C5-7 dermatomes. There is no mention of thenar atrophy or weakness to thumb abduction. The patient has a prior diagnosis of cervical radiculitis which invoked concern for double crush syndrome. EMG/NCS on 5/3/11 showed bilateral carpal tunnel syndrome. The diagnostic impression includes bilateral carpal tunnel syndrome (CTS). The patient's treatment to date was not documented. A UR decision on 2/13/14 denied the request for right carpal tunnel release, followed in six weeks by left carpal tunnel release on the basis that (1) a trial of conservative treatment has not been documented and (2) there is no documented evidence of findings consistent with severe carpal tunnel syndrome such as thenar atrophy and/or weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation-Carpal Tunnel Syndrome Summary (updated 05/07/2013).

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: The California 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. In the present case, there is no documentation of prior conservative treatment (e.g. night splinting, corticosteroid injection), and there is no evidence of a severe carpal tunnel syndrome (e.g. thenar atrophy and/or thumb abduction weakness). In addition, if the patient does indeed have double crush syndrome, the results of carpal tunnel release may be disappointing until the cervical lesion is addressed. Therefore, the request for right carpal tunnel release is not medically necessary.

Left Carpal Tunnel Release (six weeks after initial surgery): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation-Carpal Tunnel Syndrome Summary (updated 05/07/2013).

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: The California 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 EDS consistent with CTS. In the present case, there is no documentation of prior conservative treatment (e.g. night splinting, corticosteroid injection), and there is no evidence of a severe carpal tunnel syndrome (e.g. thenar atrophy and/or thumb abduction weakness). In addition, because the first request for right carpal tunnel release was not medically necessary, the second request for left-sided surgery cannot be approved. Therefore, the request for left carpal tunnel release (six weeks after initial surgery) is not medically necessary.

Post Operative Rehab, and Gentle Exercises to Left/Right wrists 3 x 4 (12 Visits): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

DME Wrist Sling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation-Carpal Tunnel Syndrome Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The California MTUS guidelines recommend wrist splinting for acute, subacute, or chronic CTS; moderate or severe acute or subacute wrist sprains; acute, subacute, or chronic ulnar nerve compression at the wrist; acute, subacute, or chronic radial nerve neuropathy; scaphoid tubercle fractures; or acute flares or chronic hand osteoarthritis; Colles' fracture. However, the index procedure of carpal tunnel release was not certified. Therefore, the request for durable medical equipment (DME) wrist sling is not medically necessary.

Medical Clearance with Internist [REDACTED] Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation (updated 05/10/2013) -Preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG (Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter-Pre operative EKG and Lab testing);.

Decision rationale: The California MTUS does not address this issue. The ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and that undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. The ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for non-cardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older. However, the index procedure of carpal tunnel release was not certified. Therefore, the request for medical clearance with internist [REDACTED] is not medically necessary.