

<b>Case Number:</b>	CM14-0042465		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Physical Medicine & Rehab, has a subspecialty in Interventional Spine 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 patient is a 53-year-old male with date of injury of 11/21/2012. The listed diagnosis per [REDACTED] dated 02/17/2014 are: Bilateral carpal and cubital tunnel syndromes, Cervical musculoskeletal strains of superimpose on C5 and C6 radiculopathies per EMG, Left shoulder impingement syndrome. According to this report, the patient complains of constant, dull, aching in both hands and wrists. He has occasional sharp stabbing pain about both wrists and hands with repetitive use of the hands, complaints of stiffness in the wrists and sharp pain at the base of both thumbs. He experiences tingling and numbness in the digits of both hands which wakes him up at night. The tips of the fingers occasionally feel cold. He complains of weakness in both hands and arms which causes him to drop things frequently. He has difficulties sleeping due to pain. He also describes bilateral elbow pain left greater than the right with tenderness to touch on the outside of the left elbow. He has increased elbow pain with stretching his arms out straight. The physical exam shows there is mild bilateral volar wrist swelling. There is no intrinsic atrophy involving either extremity. No proximal muscle group wasting is present. There is tenderness to palpation of significant nature directly over both carpal tunnels. Minimal tenderness is noted over the Guyon's canal on each side. There is mild tenderness about the lateral aspect of the shoulders as well as over the supraspinatus tendon on the left side. Tendon reflexes are symmetrical. There is no focal muscle group weakness wasting in the extremities. Sensation to light touch is attenuated in the median and innervated digits of both hands with static 2-point discrimination exceeding 10 mm. Sensation to light touch in the ring and small fingers is also decreased, although static 2-point discrimination is preserved. Normal capillary refill is evident bilaterally in the upper extremity digits. Grip strength was measured using the Jamar dynamometer set at the second notch with measurements: The right is 30, 28, 28; the left is 20, 22, 22. Pinch strength is also measured using the Jamar pinch dynamometer showing tip is

3/2, 3/2, 3/2; lateral is 3.5/2.5, 3.5/2.5, 3.5/2.5. Shock is 4.5/3.5, 4.5/3.5, and 4.5/3.5. The treater also references an EMG/NCV dated 08/23/2012 showing mild median nerve pathology at the right wrist affecting primarily median sensory fibers in the carpal tunnel segment. The findings are suggestive of a clinical diagnosis of early or mild carpal tunnel syndrome and bilateral C5-C6 radiculopathies which could potentially explain the dysesthesia in the radial aspect of the wrist. The utilization review denied the request on 03/24/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Staged bilateral carpal tunnel release: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** This patient presents with bilateral carpal tunnel syndrome. The treater is requesting a staged bilateral carpal tunnel release. The MTUS and ACOEM Guidelines do not address this request. However, ODG on carpal tunnel release surgery states that it is recommended after an accurate diagnosis of moderate or severe CTS. Surgery is not generally initially indicated for mild CTS unless symptoms persist after conservative treatment. The indications for carpal tunnel release for not severe CTS require all of the following: Symptoms requiring 2 of the following: Abnormal Katz hand diagram score, nocturnal symptoms, flick sign. Findings by physical exam requiring 2 of the following: Compression test, Semmes-Weinstein monofilament test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, mild thenar weakness, Comorbidities: No current pregnancy, Initial conservative treatment requiring 3 of the following: Activity modification for greater than a month, night wrist splint greater than a month, nonprescription analgesia (i.e. acetaminophen), home exercise training, successful initial outcome from corticosteroid injection trial, Positive electrodiagnostic testing. The progress report dated 02/17/2014 appears to document most of the requirement if not all. The patient has nocturnal problems, positive examination findings, positive NCV studies and filed conservative care. Therefore, the request is medically necessary.

#### **Post operative occupational therapy x 9: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

**Decision rationale:** This patient presents with bilateral carpal tunnel syndrome. The treater is requesting 9 post-operative occupational therapy sessions. MTUS allows for 3-8 sessions for

post-op therapy following carpal tunnel release. The current request is for 9 sessions which exceeds what is allowed. Therefore, the requested treatment is not medically necessary.