

<b>Case Number:</b>	CM14-0191372		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	02/06/2014
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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:

According to the records made available for review, this is a 66-year-old female with a 2/6/14 date of injury. At the time (9/10/14) of request for authorization for Endoscopic carpal tunnel release, dorsal compartment release to the right wrist, Associated surgical service: sprix spray 15.75mg, and Associated surgical service: occupational therapy, 12 sessions, there is documentation of subjective (bilateral hand pain, numbness, and tingling) and objective (tenderness to palpation over the volar region and radial styloid of the right wrist, decreased sensation in the median nerve distribution, positive Tinel's and Phalen's sign, positive carpal tunnel compression test, and positive grinding test and Frinkelstein's test) findings, imaging findings (EMG/NCV of the right upper extremity (6/10/14) report revealed moderate carpal tunnel syndrome and normal electromyography), current diagnoses (bilateral carpal tunnel syndrome, DeQuervains syndrome, arthritis of the hand, and bilateral lateral epicondylitis), and treatment to date (right carpal tunnel and first dorsal compartment injection with pain relieve and medications (including ongoing treatment with Acetaminophen and Tramadol). There is no documentation of at least 2 additional symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)) and at least 1 additional conservative treatment measure attempted (activity modification  $\geq$  1 month, wrist splint  $\geq$  1 month, or physical therapy referral for home exercise training).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Endoscopic carpal tunnel release, dorsal compartment release to the right wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 264-265, 270, 273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Indication for surgery; Carpal Tunnel Release

**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 (CTR)

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of positive findings on clinical examination and the diagnosis should be supported by nerve conduction, as criteria necessary to support the medical necessity of carpal tunnel release. ODG identifies documentation of at least 2 symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)), at least 2 findings by physical exam (Durkan's compression test, Semmes-Weinstein monofilament test, Phalen Sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness (thumb abduction)), at least 3 conservative treatment measures attempted (activity modification  $\geq$  1 month, wrist splint  $\geq$  1 month, nonprescription analgesia, physical therapy referral for home exercise training, and/or successful initial outcome from corticosteroid injection trial (optional)), and positive electrodiagnostic testing, as criteria necessary to support the medical necessity of carpal tunnel release. Within the medical information available for review, there is documentation of diagnoses of bilateral carpal tunnel syndrome, DeQuervains syndrome, arthritis of the hand, and bilateral lateral epicondylitis. In addition, there is documentation of at least 2 findings by physical exam (Durkan's compression test, Phalen Sign, and Tinel's sign), at least 2 conservative treatment measures attempted (nonprescription analgesia and successful initial outcome from corticosteroid injection trial), and positive electrodiagnostic testing. However, despite documentation of subjective findings (bilateral hand pain, numbness, and tingling), there is no documentation of at least 2 additional symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)). In addition, there is no documentation of at least 1 additional conservative treatment measure attempted (activity modification  $\geq$  1 month, wrist splint  $\geq$  1 month, or physical therapy referral for home exercise training). Therefore, based on guidelines and a review of the evidence, the request for Endoscopic carpal tunnel release, dorsal compartment release to the right wrist is not medically necessary.

**Associated surgical service: sprix spray 15.75mg:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Associated surgical service: occupational therapy, 12 sessions:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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