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| Case Number: | CM14-0199671 | | |
| Date Assigned: | 12/10/2014 | Date of Injury: | 04/30/2014 |
| Decision Date: | 01/22/2015 | UR Denial Date: | 11/17/2014 |
| Priority: | Standard | Application Received: | 12/01/2014 |

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 Plastic Surgery, has a subspecialty in Reconstructive Surgery and is licensed to practice in Maryland. 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 49 year old female with a reported date of injury on 4/30/14 who requested right carpal tunnel release on 11/11/14. She had been initially seen for bilateral hand and wrist pain/numbness. On initial examinations in May of 2014, the patient was noted to have positive Tinel's and positive Phalen's test on examination, but with negative carpal compression test. Activity modification, wrist supports and NSAIDs had been recommended. Based on these findings and electrodiagnostic studies reporting mild right carpal tunnel syndrome and moderate left carpal tunnel syndrome, the patient was referred for orthopedic upper extremity evaluation on 6/11/14. Documentation from 6/11/14, notes that the patient complains of bilateral hand numbness, tingling and pain. Medical treatment to date notes that the patient had undergone physical therapy. Examination notes bilateral wrist swelling and 2 point discrimination at 6-8 mm in the median nerve distribution bilaterally. Diagnoses included bilateral carpal tunnel syndrome, overuse syndrome and hand/wrist pain. Recommendation was made for acupuncture. Following this initial evaluation, the patient is noted to have undergone acupuncture treatment, as well as a right carpal tunnel injection on October 10, 2014. She is noted to continue to have pain of both wrists and hands. Examination continued to note bilateral wrist swelling and 2 point discrimination at 6-8 mm in the median nerve distribution bilaterally. On 11/7/14 recommendation was made for right carpal tunnel release. Electrodiagnostic studies dated 5/30/14 note right mild compression of the median nerve at the carpal tunnel and left moderate compression of the median nerve at the carpal tunnel. There was no evidence of cervical radiculopathy. UR review dated 11/17/14 did not certify right carpal tunnel release as 'there is no documentation of median nerve provocative testing and no documentation of failure of conservative management for the right wrist (including bracing, medications, activity modification and cortisone injection).

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: 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, Carpal Tunnel Release (CTR)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270, 272.

Decision rationale: The patient is a 49 year old female with initial signs and symptoms of possible bilateral carpal tunnel syndrome supported by electrodiagnostic studies documenting a mild condition on the right and a moderate condition on the left. The patient appears to have undergone initial conservative management of NSAIDs, activity modification and wrist support in May of 2014. However, the response to this management, as well as the duration of the treatment, had not been documented by the requesting surgeon or if the patient continued to undergo this management. The patient is noted to have undergone some recent conservative management including steroid injection, acupuncture and physical therapy. But no specific mention of recent splinting, activity modification and/or medical management was provided. In addition, the requesting surgeon does not document typical confirmatory signs of median nerve entrapment at the wrist (Tinel's, Phalen's, carpal compression, etc.) other than decreased 2 point discrimination. Finally, it is not clear why the right side was chosen for surgical treatment, as the left side appears more severe from evidence provided by electrodiagnostic studies. Thus, without clear evidence that the patient has undergone recent conservative management that is supported by detailed signs and symptoms, carpal tunnel release should not be considered medically necessary. From ACOEM Chapter 11 page 270, CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. The requesting surgeon did not provide a sufficiently detailed examination other than a decreased 2 point discrimination or adequate description of the patient's symptoms consistent with carpal tunnel syndrome. From ACOEM Chapter 11 page 272, Table 11-7, the following is recommended: injection of corticosteroids into carpal tunnel in mild or moderate cases of CTS after trial of splinting and medication (C). The patient is noted to have undergone a steroid injection. Specific response to this was not documented. In addition, an adequate trial of splinting and medication was not documented by the requesting surgeon. From page 265, CTS may be treated for a similar period with a splint and medications before injection is considered, except in the case of severe CTS (thenar muscle atrophy and constant paresthesias in the median innervated digits). Outcomes from carpal tunnel surgery justify prompt referral for surgery in moderate to severe cases, though evidence suggests that there is rarely a need for emergent referral. Thus, surgery should usually be delayed until a definitive diagnosis of CTS is made by history, physical examination, and possibly electrodiagnostic studies. Symptomatic relief from a cortisone/anesthetic injection will facilitate the diagnosis; however, the benefit from these injections is short-lived. There is no evidence that the patient has severe carpal tunnel

syndrome and thus evidence of splinting and medication should be clear prior to surgical intervention.

Associated surgical service: Pre-operative evaluation: 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: Median Nerve Block: 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: Post-operative physical therapy 2x a week for 4 weeks of the right wrist and right hand: 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: Cold Therapy Unit 14 day rental: 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.