

Case Number:	CM14-0208547		
Date Assigned:	12/22/2014	Date of Injury:	12/14/1995
Decision Date:	02/13/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/12/2014

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 Occupational Medicine 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:

The injured worker is a 52 year old female with a date of injury 12/14/1995. The mechanism of injury is not described in the medical records that are available to me. She is being managed for cervical spondylosis, bilateral carpal tunnel syndrome, Shoulder pain amongst other diagnoses. On 6/17/2014 She followed up with her treating physician for her neck, left wrist and left shoulder pain. On 9/5/2014 Patient followed up with her treating physician, many portions of the notes are not legible, what was legible stated that there was no change in left wrist numbness /tingling sensation. Objective findings showed positive Phalens and Tinel's tests bilaterally, cervical spine active range of motion - mild to moderate decrease. Left/right active trigger point palpable trapezius and rhomboids, request was made for ergonomic evaluation and resistance chair to reverse joint stiffness and provide strengthening. It was stated that left sided injection provided no benefit, however patient is a candidate for left and right carpal tunnel release surgery. Patient apparently had an increase in her symptoms after left CTS injection on 8/4/2014. It was also stated that she had failed physical therapy, injection was deferred on the right side due to no results on left with diagnostic injection on the left. EMG dated 2/3/2014 was positive for bilateral electrical evidence of moderate median nerve prolongation through carpal tunnel. The request is for left carpal tunnel surgery and associated pre-operative medical clearance, post-operative therapy two times a week for 4 weeks, cold therapy unit purchase. Right trapezius and right rhomboid trigger point injection with ultrasound guidance and resistance chair with shoulder stretcher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel surgery: 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): 253-286, 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), carpal tunnel syndrome, carpal tunnel release surgery

Decision rationale: Per MTUS, scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of carpal tunnel syndrome (CTS). Per the ODG, carpal tunnel release 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. Carpal tunnel release is well supported, both open and endoscopic (with proper surgeon training), assuming the diagnosis of CTS is correct. Outcomes in workers' comp cases may not be as good as outcomes overall, but studies still support the benefits from surgery. Carpal tunnel syndrome may be treated initially with education, activity modification, medications and night splints before injection is considered, except in the case of severe CTS (thenar muscle atrophy and constant paresthesia's in the median innervated digits), but outcomes from carpal tunnel surgery justify prompt referral for surgery in moderate to severe cases. The injured worker has clinical symptoms of CTS as well as positive EMG findings, which were not clear for her problem originating in the carpal tunnel. Per ODG: "ODG Indications for Surgery-- Carpal Tunnel Release: I. Severe CTS, requiring ALL of the following: A. Symptoms/findings of severe CTS, requiring ALL of the following: 1. Muscle atrophy, severe weakness of thenar muscles 2. 2-point discrimination test > 6 mm B. Positive electrodiagnostic testing --- OR ---II. Not severe CTS, requiring ALL of the following: A. Symptoms (pain/numbness/paresthesia/impaired dexterity), requiring TWO of the following: 1. Abnormal Katz hand diagram scores 2. Nocturnal symptoms 3. Flick sign (shaking hand) B. Findings by physical exam, requiring TWO of the following: 1. Compression test 2. Semmes-Weinstein monofilament test 3. Phalen sign 4. Tinel's sign 5. Decreased 2-point discrimination 6. Mild thenar weakness (thumb abduction) C. Comorbidities: no current pregnancy D. Initial conservative treatment, requiring THREE of the following: 1. Activity modification >= 1 month 2. Night wrist splint >= 1 month 3. Nonprescription analgesia (i.e., acetaminophen) 4. Home exercise training (provided by physician, healthcare provider or therapist) 5. Successful initial outcome from corticosteroid injection trial (optional). See Injections. [Initial relief of symptoms can assist in confirmation of diagnosis and can be a good indicator for success of surgery if electrodiagnostic testing is not readily available.] E. Positive electrodiagnostic testing [note that successful outcomes from injection trial or conservative treatment may affect test results] (Hagebeuk, 2004)"Per the medical records she has failed conservative therapy with physical therapy as well as left CTS injection, however, there is not enough documentation of the intensity of her physical therapy, quantity of visits she had, if she is continuing a home therapy program and if her neck was included. The fact that she failed CTS injection may also be pointing to an alternative source of her problems. Per the ODG, any contributions to symptoms by cervical radiculopathy (double crush syndrome) will not be

relieved by the surgery; therefore, based on the guidelines and the injured workers complex presentation, the request for carpal tunnel release is not medically necessary at this time.

Pre-operative medical clearance: 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.

Post op therapy 2 times a week times 4 weeks: 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-purchase: 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.

Right trap right rhomboid trigger point injection with US guidance: 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.

Resistance chair with shoulder stretcher: 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.