

<b>Case Number:</b>	CM14-0208972		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	09/08/2014
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Internal Medicine

### 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 an injured worker with carpal tunnel syndrome. Date of injury was September 8, 2014. The progress report dated November 19, 2014 documented subjective complaints of numbness to bilateral hands. It began two months ago. It is of moderate intensity. He estimates that the frequency of this symptom is several times daily. The typical duration of an episode is quite variable. There are no obvious aggravating factors. Nothing relieves the symptoms. Associated symptoms include slight pain. He denies swelling. Prior work-up has included nerve conduction test September 8, 2014. NCS nerve conduction study demonstrated bilateral carpal tunnel syndrome. Review of systems were negative for chills and fever, negative for chest pain, palpitations and pedal edema, negative for recent cough, dyspnea and frequent wheezing, Negative for abdominal pain, acid reflux symptoms, dysphagia, constipation, diarrhea, nausea and vomiting, negative for dysuria, nocturia, change in urine stream and urine frequency, negative for dizziness, headaches, tremor, vertigo, weakness or gait disturbance, negative for anxiety and depression. No known drug allergies were noted. Objective findings were documented. Blood pressure was 128/72 mmHg. Pulse was 70 beats per minute and regular. The patient was well developed, well nourished, in no apparent distress. Eyelids and conjunctiva are normal. Pupils and irises were normal. Neck is supple with full range of motion. Normal respiratory rate and pattern with no distress was noted. There were normal breath sounds with no rales, rhonchi, wheezes or rubs. Cardiovascular examination demonstrated normal rate, regular rhythm, normal S1 and S2 heart sounds with no S3 or S4. The patient was alert and oriented with

appropriate affect and demeanor. Assessment was carpal tunnel syndrome. Treatment plan was documented. Wrist brace was recommended. Right carpal tunnel release surgery was requested.

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

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

**Labs: CBC/BMP/EKG/CXR:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI), Guideline Title: Perioperative protocol. Health care protocol. Bibliographic source: Card R, Sawyer M, Degnan B, Harder K, Kemper J, Marshall M, Matteson M, Roemer R, Schuller-Bebus G, Swanson C, Stultz J, Sypura W, Terrell C, Varela N. Perioperative protocol. Health care protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2014 Mar. 124 p. <http://www.guideline.gov/content.aspx?id=48>

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address preoperative health assessments. Institute for Clinical Systems Improvement (ICSI) perioperative protocol guideline indicates that most laboratory and diagnostic tests including electrocardiograms are not necessary with routine procedures unless a specific indication is present. The patient is an injured worker with carpal tunnel syndrome. The progress report dated November 19, 2014 documented a diagnosis of carpal tunnel syndrome. Carpal tunnel release surgery was requested. The medical history, vital signs, and physical examination did not demonstrate abnormalities with regards to preoperative health risks. Therefore, the request for laboratory tests, EKG electrocardiogram, and chest x-ray is not supported by the medical records and ICSI guidelines. Therefore, the request for CBC/BMP/EKG/CXR is not medically necessary.