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| <b>Case Number:</b>   | CM15-0100803 |                              |            |
| <b>Date Assigned:</b> | 06/03/2015   | <b>Date of Injury:</b>       | 08/12/2011 |
| <b>Decision Date:</b> | 07/08/2015   | <b>UR Denial Date:</b>       | 05/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/26/2015 |

### 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: Maryland, Virginia, North Carolina  
 Certification(s)/Specialty: Plastic Surgery

### 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 was a 60 year old male, who sustained an industrial injury, August 2, 2011. The injured worker previously received the following treatments EMG/NCS (electrodiagnostic studies and nerve conduction studies) on January 20, 2014 which showed slight carpal tunnel syndrome of the right, Norco, Ultram, Nucynta, Ultracet, Reglan, Baclofen, Chlorpromazine, Vicodin, Niaspan, Diovan, Metoprolol, Crestor, Plavix, Aspirin, EKG (Electrocardiography) was normal January 20, 2014, physical therapy for the left upper extremity. The injured worker was diagnosed with left shoulder surgery, right shoulder surgery, left carpal tunnel release and volar mass excision-Johnson on January 26, 2015, bilateral carpal tunnel syndrome. According to progress note of January 30, 2015, the injured workers chief complaint was left wrist follow-up from left carpal tunnel release. The injured worker was right handed. According to the EKG (Electrocardiography) was normal January 20, 2014, the right upper extremity showed slight right carpal tunnel syndrome. The left wrist showed healed, clean, and dry surgical site. The treatment plan included carpal tunnel release, laboratory services which included BMP (basic metabolic panel), CBC (complete blood count) chest x-ray, EKG (Electrocardiography) and postoperative physical therapy. The patient has a history of coronary artery disease, previous heart attack, previous CABG and is currently taking aspirin and Plavix. Electrodiagnostic studies (EDS) from 1/23/14 note slight right carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carpal Tunnel Release: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

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

**Decision rationale:** The patient is a 60-year-old male with signs and symptoms of possible right carpal tunnel syndrome. EDS support findings of a slight carpal tunnel syndrome. Previous conservative management has included splinting, medical management and activity modification. Consideration for a steroid injection to facilitate the diagnosis or provide further conservative management was not documented. The patient had undergone left carpal tunnel release in January, 2015. A recent, detailed examination of the right hand was not provided in the documentation for this review. From page 270, ACOEM, Chapter 11, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electro-diagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare." Further from page 272, Table 11-7, injection of corticosteroids into the carpal tunnel is recommended in mild to moderate cases of carpal tunnel syndrome after trial of splinting and medication. Based on ACOEM guidelines, right carpal tunnel release should not be considered medically necessary. There is not a detailed, recent right hand examination provided in the records for review and given that the EDS findings were consistent with a slight carpal tunnel syndrome, consideration for a steroid injection should be documented.

**Post Operative CBC, BMP, Chest X-Ray: 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 Operative EKG: 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 Operative Physical Therapy 2 times a week for 6 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.