

Case Number:	CM15-0103843		
Date Assigned:	06/08/2015	Date of Injury:	08/15/2013
Decision Date:	07/10/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/29/2015

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: California, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic 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 is a 51 year old female who sustained an industrial injury on 8/15/13 due to repetitive work. She currently complains of constant numbness and tingling to bilateral hands; achy constant left shoulder pain with clicking, stiffness and popping sensations radiating to the left upper arm and left elbow; elbow pain that radiates to the left forearm, wrist and hand. On physical exam of the left wrist there was tenderness on palpation with decreased range of motion and positive Carpal Compression Test, Ninhydrin's Sweat Test, Pahlen's Sign and Tinel's Sign; the left elbow demonstrates tenderness and swelling with decreased range of motion; the left shoulder demonstrates tenderness with positive Mid Arc sign, Neer, Hawkin's, Cross Arm test, Drop Arm test. Diagnoses include left carpal tunnel syndrome; lesion of ulnar nerve; tenosynovitis of the left wrist. Treatments to date include physical therapy with no change noted, activity modification, pain and anti-inflammatory medications, wrist brace with no improvement. Diagnostics include left wrist x-ray (11/3/14) shows ulnar positive variance with ulnar translation of the lunate with osteoarthritis of the carpal bones; x-ray of the left elbow (12/1/14) showing soft tissue swelling of the left elbow; electrodiagnostic test of the left upper extremity (12/16/14) showing borderline sensory median nerve compromise, otherwise normal study. In the progress note dated 4/10/15 the treating provider's plan of care includes requests for left wrist carpal tunnel release and post-operative physical therapy on the left wrist to increase flexibility, range of motion and strength, three times per week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 3 x a week x 4 weeks for the left wrist (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel.

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

Left carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Carpel Tunnel Release Surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to evaluation for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case there is lack of evidence in the records from 3/26/2012 and 3/5/2015 of electrodiagnostic evidence of carpal tunnel syndrome. In addition, there is lack of evidence of failed bracing or injections in the records. Therefore the determination is for non-certification. The Official Disability Guidelines were also referenced for more specific recommendations. According to the Official Disability Guidelines regarding surgery for carpal tunnel syndrome, "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. Severe CTS requires all of the following: Muscle atrophy, severe weakness of thenar muscles, 2-point discrimination test greater than 6 mm and positive electrodiagnostic testing. Not severe CTS requires all the following: Symptoms of pain, numbness, paresthesia, impaired dexterity requiring two of the following: Abnormal Katz hand diagram scores, nocturnal symptoms, Flick sign (shaking hand); findings by physical exam, requiring two of the following including compression test, Semmes-Weinstein monofilament test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, mild thenar weakness, (thumb adduction); comorbidities of no current pregnancy; initial conservative treatment requiring three of the following: Activity modification greater than or equal to one month, night wrist splint greater than or equal to one month, nonprescription analgesia (i.e. acetaminophen), home exercise training (provided by physician, healthcare provider or therapist) or successful initial outcome from corticosteroid injection trial (optional) and positive electrodiagnostic testing." In this case there is insufficient evidence of carpal tunnel syndrome and failure of conservative management as stated above. The NCS changes are equivocal. There is insufficient evidence of abnormal hand diagram scores, decreased two point

discrimination or thenar weakness to warrant surgery. Therefore the determination is not medically necessary.