

<b>Case Number:</b>	CM15-0132023		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: Illinois, California, Texas  
 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:

This injured worker is a 68-year-old female who sustained an industrial injury on 11/19/12, relative to repetitive trauma. Past medical history was positive for hypertension and insulin dependent diabetes. The 11/6/13 electrodiagnostic study documented the injured worker was status post bilateral carpal tunnel releases. The conclusion documented moderate right and mild left median neuropathy at the carpal tunnel region. The 4/30/15 treating physician report cited bilateral hand numbness and tingling and noted recommendation for bilateral revision carpal tunnel release. Physical exam documented positive Phalen's and median nerve compression tests, and positive Flick sign. The injured worker had recently failed conservative treatment. The 6/4/15 treating physician report indicated that the injured worker wanted to proceed with carpal tunnel release surgery. She was also complaining of depression. The injured worker had reportedly previously declined carpal tunnel release surgery. Physical exam documented positive Phalen's and median nerve compression test bilaterally. The right thenar muscle was weak compared to the left. There was an equivocally positive Tinel's test. The diagnosis was recurrent bilateral carpal tunnel syndrome. The treatment plan recommended pre-op medical clearance due to her history of diabetes and hypertension. She was to continue working unrestricted pending surgery. Authorization was requested for revision bilateral carpal tunnel fat flap and pre-op medical clearance. The 6/24/15 utilization review non-certified the request for revision bilateral carpal tunnel surgery and associated pre-op clearance based on an absence of an electrodiagnostic study suggesting the severity of the nerve compression.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Revision Bilateral Carpal Tunnel Fat Flap: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, Carpal tunnel release surgery (CTR).

**Decision rationale:** The California MTUS guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. The Official Disability Guidelines provide clinical indications for carpal tunnel release that include specific symptoms (abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick Sign), physical exam findings (compression test, monofilament test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness), conservative treatment (activity modification, night wrist splint, non-prescription analgesia, home exercise training), successful corticosteroid injection trial, and positive electrodiagnostic testing. Guideline criteria have been met. This injured worker is status post bilateral carpal tunnel release surgeries. Clinical exam findings are consistent with electrodiagnostic evidence of mild left and moderate right recurrent carpal tunnel syndrome. There is reported on-going failure of conservative treatment. Therefore, this request is medically necessary.

### **Pre-Op Medical Clearance: Overturned**

**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). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged females have known occult increased medical/cardiac risk factors. Past medical history is positive for hypertension and insulin-dependent diabetes mellitus. Guideline criteria have been met based on patient age, comorbidities, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.