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| Case Number: | CM15-0148758 | | |
| Date Assigned: | 08/12/2015 | Date of Injury: | 04/30/2014 |
| Decision Date: | 09/11/2015 | UR Denial Date: | 07/22/2015 |
| Priority: | Standard | Application Received: | 07/31/2015 |

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 50-year-old female who reported an industrial injury on 4/30/14, relative to repetitive work duties as a phlebotomist. Conservative treatment included activity modification, wrist splints, home heat/cold packs, occupational therapy, oral medications, topical medications, acupuncture, and carpal tunnel injection. The 5/30/14 electrodiagnostic studies report documented complaints of bilateral hand numbness and left hand pain and stiffness. Cervical spine exam documented limited range of motion with positive Adsons and Spurlings tests. Bilateral upper extremity range of motion documented full range of motion, no atrophy, normal motor strength, and sensation decreased bilaterally in digits 1-3. The impression documented mild right median nerve compression at the carpal tunnel syndrome and moderate left median nerve compression at the carpal tunnel. The 7/17/15 treating physician report cited persistent grade 6/10 bilateral wrist and hand pain and decreased strength with numbness and tingling. Pain was increased with activity and decreased with rest. Grip strength was 20/20/20 right and 15/15/15 pounds left. Physical exam documented obvious bilateral wrist edema, more severe on the left, and normal wrist and hand range of motion. Two-point discrimination was 5 mm in all digits in the ulnar nerve distribution and 6-8 mm in the median nerve distribution bilaterally. The diagnosis was bilateral carpal tunnel syndrome confirmed by EMG studies, bilateral upper extremity overuse syndrome, and bilateral wrist and hand pain. The treatment plan included bilateral carpal tunnel release, the right wrist to be done first. Authorization was requested for carpal tunnel release surgery with bilateral wrist median nerve blocks, and pre-operative clearance. The 7/22/15 utilization review non-certified the bilateral carpal tunnel

release with median nerve blocks and pre-operative clearance as there was no documentation of provocative carpal tunnel testing or evidence of bracing or injection therapy consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Carpal Tunnel Release: 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 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. Guideline criteria have been met. This injured worker presents with persistent hand and wrist pain with swelling, weakness, and numbness and tingling in the median nerve distribution. Clinical exam findings are consistent with electrodiagnostic evidence of carpal tunnel syndrome. Detailed evidence of long-term comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Pre-Op 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 with large body habitus have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient age, long-term use of non-steroidal anti-inflammatory drugs, and surgical risks. Therefore, this request is medically necessary.

Associated Surgical Service: Bilateral Wrist Median Nerve Blocks: 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 American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines 2nd Edition, Chapter 11, Hand, Wrist and Forearm Disorders. Updated 2009. Anesthetic Issues for Carpal Tunnel Surgical Releases, page 77.

Decision rationale: The California MTUS guidelines do not provide recommendations for nerve blocks with carpal tunnel release. The ACOEM revised Hand, Wrist and Forearm Disorders guidelines state that anesthetic blocks, either local or regional, are recommended during carpal tunnel release. This request is consistent with guidelines for the bilateral carpal tunnel release procedures. Therefore, this request is medically necessary.