

<b>Case Number:</b>	CM15-0168818		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	09/05/2014
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports 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 injured worker is a 58 year old female who sustained an industrial injury on 09-05-14. A review of the medical record indicates that the injured worker is undergoing treatment for cervical spondylosis, bursitis and tendinitis of the right shoulder, carpal tunnel syndrome with median nerve entrapment at the bilateral wrists, tendinitis and bursitis of the right hand and wrist, and a spider bite to the face. Medical records (07-20-15) indicate no ratings of pain or discussion of ability to perform activities of daily living. Per the treating provider spasms and tenderness were noted in the cervical spine, shoulders, wrists and hands. Treatment has included topical medications. Electrodiagnostic studies of the bilateral upper extremities on 07-17-15 showed bilateral carpal tunnel syndrome. The original utilization review (08-04-15) non certified the right carpal tunnel release as there is no documentation of failure of conservative treatment, clear clinical and specific studies evidence of deficit. The postoperative wrist splint was noncertified as splinting beyond 48 hours in the post-operative period may be largely detrimental. The preoperative clearance was noncertified as the surgery was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right carpal tunnel release with possible external neurolysis ulnar nerve: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** This is a request for right carpal tunnel release and neurolysis of the ulnar nerve. The patient reports diffuse symptoms such as pain in the face and neck and only a minority of the symptoms correlate with median neuropathy at the wrist/carpal tunnel syndrome. July 17, 2015 electrodiagnostic testing was consistent with diabetic neuropathy and fairly severe bilateral carpal tunnel syndrome. Neither the history or electrodiagnostic evaluation are consistent with a substantial component of compressive ulnar neuropathy. Given the severity of the median nerve electrodiagnostic abnormalities, carpal tunnel decompression surgery is appropriate, but given the patient's unrelated symptoms and diabetic neuropathy, only partial relief of symptoms can be anticipated. Ulnar neurolysis is not indicated and therefore the combined request for carpal tunnel release and ulnar neurolysis is not medically necessary.

**Wrist brace x 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** This is a request for a splint to be used following carpal tunnel release surgery. As noted in the California MTUS, multiple prospective studies have shown no benefit of post-operative splinting and prolonged splinting after carpal tunnel release has been found to be detrimental. Therefore this request is not medically necessary.

**Pre-operative surgical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.choosingwisely.org/?s>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Noncardiac Surgery: Guidelines and Recommendations MOLLY A. FEELY, MD; C. SCOTT COLLINS, MD; PAUL R. DANIELS, MD; ESAYAS B. KEBEDE, MD; AMINAH JATOI, MD; and KAREN F. MAUCK, MD, MSc, Mayo Clinic, Rochester, Minnesota Am Fam Physician. 2013 Mar 15;87(6):414-418.

**Decision rationale:** The California MTUS does not address preoperative testing. An extensive systematic review referenced above concluded that there was no evidence to support routine preoperative testing. More recent practice guidelines recommend testing in select patients guided by a perioperative risk assessment based on pertinent clinical history and examination findings, although this recommendation is based primarily on expert opinion or low-level

evidence. In this case, there is no documentation to support the need for the requested evaluation; rather, records indicate the injured worker has undergone multiple surgical procedures without medical or anesthetic complications.