

<b>Case Number:</b>	CM15-0196280		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand 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 53 year old male, who sustained an industrial injury on 10-2-13. The injured worker is diagnosed with carpal tunnel syndrome and wrist pain. His work status is modified duty. Notes dated 9-18-15 - 9-21-15 reveals the injured worker presented with complaints of bilateral hand numbness, tingling, burning, pain and weakness (left greater than right). The pain interferes with his ability to engage in activities of daily living including cleaning, driving and buttoning. Physical examinations dated 9-18-15 - 9-21-15 revealed tenderness at the "extensor origin and the flexor-pronator" origin of the elbow, tenderness to palpation at the "first dorsal compartment" of the wrist. The bilateral hand examination reveals a positive carpal tunnel "Durkan's compression test and positive Phalen's test". There is a slight decrease in sensation in the thumb, index and middle fingers (per injured worker). Treatment to date has included cervical spine fusion C1-C2, but continued to experience numbness and tingling in his hands; bracing and physical therapy were not effective and right carpal tunnel cortisone injection offered slight, temporary relief per note dated 9-18-15. Diagnostic studies to date has included electrodiagnostic studies (5-7-15), which reveals mild to moderate right and mild left median neuropathy at the wrist and bilateral wrist x-rays (9-18-15) are within normal limits. A request for authorization dated 9-21-15 for a left hand-wrist endoscopic carpal tunnel release and associated services is non-certified, per Utilization Review letter dated 9-28-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Endoscopic Carpal Tunnel Release Left Hand/Wrist: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Carpal Tunnel Release.

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

**Decision rationale:** The carpal tunnel release is medically necessary. According to the ACOEM guidelines, Chapter 11, page 270, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically 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." This patient has significant symptoms of carpal tunnel syndrome, an exam consistent with carpal tunnel syndrome and positive electrodiagnostic studies for median nerve compression. Splinting has not helped his symptoms. Per the ACOEM guidelines, carpal tunnel release is medically necessary.

### **Pre-Operative Labs: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** Per ODG: "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings." The hand surgeon can perform a history and physical and refer the patient for preoperative labs if the history and physical detects any medical issues. The records do not document any medical issues that require an evaluation with preoperative lab studies. Routine lab studies are not supported by ODG. The request is not medically necessary.

### **Pre-Operative EKG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** Per ODG: Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. This patient is undergoing a low risk procedure and does not have any documented pulmonary risk factors. EKG is not medically necessary. ODG does not support this test.

**Post-op hand therapy x 12 for the left hand/wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

**Decision rationale:** MTUS supports up to 8 therapy visits following endoscopic carpal tunnel release. The request for 12 visits exceeds the MTUS guidelines. Eight visits plus a home exercise program should be sufficient to facilitate a complete recovery from carpal tunnel release surgery. This request is not medically necessary.