

Case Number:	CM15-0208697		
Date Assigned:	10/27/2015	Date of Injury:	04/13/2015
Decision Date:	12/09/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/23/2015

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 58 year old female, who sustained an industrial-work injury on 4-13-15. A review of the medical records indicates that the injured worker is undergoing treatment for carpal tunnel syndrome bilaterally and cubital tunnel syndrome bilaterally. Treatment to date has included wrist splinting, cortisone injections bilateral carpal canals June 2015 with no relief, diagnostics, off work and other modalities. EMG-NCV (electromyography and nerve conduction velocity) testing was performed on 5-22-15 of the bilateral upper extremities and reveals moderate right median neuropathy at the wrist (carpal tunnel syndrome) affecting sensory and motor components. There is bilateral ulnar neuropathy across the elbows-slowness of the bilateral ulnar motor nerves across the elbows. Mild-moderate left median neuropathy at the wrist (carpal tunnel syndrome) affecting sensory component with borderline effect on motor component. X-Ray of the bilateral wrists dated 4-19-15 reveals mild degenerative changes of radiocarpal and first carpometacarpal joints. Medical records dated 9-15-15 indicate that the injured worker complains of greater than 4 year history of numbness and tingling right thumb, index, middle and ring fingers that is now constant and exacerbated by gripping an at nighttime. She has similar symptoms in the left hand but to a lesser degree. She also has left radial sided wrist pain that radiates up the forearm. Per the treating physician report dated 9-15-15 the injured worker was laid off and has not returned to work. The physical exam reveals that there was positive Tinel's over the right carpal tunnel, positive Phalen's test, and decreased wrist motion. The right elbow there was a positive Tinel over the ulnar nerve and the elbow flexion test was positive. The left hand exam reveals that there was a positive Tinel sign over the carpal tunnel, there was a positive Phalen's test and the left wrist motion was decreased. The left elbow exam reveals positive Tinel over the ulnar nerve and the elbow flexion test was positive. The physician indicates that the

injured worker has a long standing history of signs and symptoms compatible with bilateral carpal tunnel syndrome and bilateral cubital tunnel syndrome. He also indicates that she has not responded to appropriate conservative measures and therefore a candidate for bilateral carpal tunnel release and bilateral ulnar nerve decompression at the elbow. The request for authorization date was 9-18-15 and requested services included Bilateral Carpal Tunnel Release, Bilateral Ulnar Decompression at the Elbow, and Post-Operative Splint for Bilateral Elbows and Post-Operative Splint for Bilateral Hands. The original Utilization review dated 10-1-15 modified the request for Bilateral Carpal Tunnel Release modified to right carpal tunnel release only. The request for Bilateral Ulnar Decompression at the Elbow and Post-Operative Splint for Bilateral Elbows was non-certified. The request for Post-Operative Splint for Bilateral Hands was modified to allow for post-operative splint for the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Carpal Tunnel Release: 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), Forearm, Wrist, and Hand Complaints Chapter 11.

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 eval 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. 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 the electrodiagnostic studies show moderate CTS on the right with mild on the left. Release is reserved for moderate to severe cases which have failed to respond to appropriate conservative management. In this case, there is evidence supporting a right wrist release, but not the left. The combined request is not medically necessary.

Bilateral Ulnar Decompression at the Elbow: 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), Elbow Complaints Chapter.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of surgery for cubital tunnel syndrome. According to the ODG, Elbow section, Surgery for cubital tunnel syndrome, indications include exercise, activity modification, medications and elbow pad and or night splint for a 3-month trial period. Simple decompression is recommended unless instability is documented. In this case, conservative care as outlined above has not been documented to have been trialed and failed. The request is not medically necessary.

Post-operative splint for bilateral elbows: 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).

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-operative splint for bilateral hands: 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).

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.