

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0025265 |                              |            |
| <b>Date Assigned:</b> | 02/17/2015   | <b>Date of Injury:</b>       | 09/26/2011 |
| <b>Decision Date:</b> | 04/15/2015   | <b>UR Denial Date:</b>       | 01/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/10/2015 |

### 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, 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 56-year-old female who reported an injury on 09/26/2011. The mechanism of injury involved repetitive activity. The current diagnoses include bilateral carpal tunnel syndrome, injury to the palmar cutaneous branch of the left median nerve, sprain of the right wrist, and cubital tunnel syndrome on the left. The injured worker presented on 01/15/2015 for a follow-up evaluation with complaints of tenderness and ulnar sided left wrist swelling and soreness. Previous conservative management was not mentioned at that time. The current medication regimen was not listed at that time. It was noted that the injured worker underwent nerve conduction studies, which indicated residual left carpal tunnel syndrome. An MRI of the left wrist reportedly showed median neuritis with a TFCC tear. Upon examination, there was left sided TFCC laxity, sensitivity of the left palm, diminished sensation in the left radial palm, and 3.61 sensation to monofilament testing of the radial and ulnar aspects of the palm. Recommendations included a left wrist arthroscopy with TFCC repair, exploration of the median and PLBMN neurolysis, and possible revision carpal tunnel release. It is noted that the injured worker's electrodiagnostic report obtained on 06/25/2014 was submitted for this review and indicated moderate ulnar neuropathy in the left cubital tunnel area, mild median neuropathy in the left carpal tunnel area, and no evidence of cervical root damage. There was no request for authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Wrist Arthroscopy: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Diagnostic arthroscopy.

**Decision rationale:** The California MTUS /ACOEM Practice Guidelines state a referral for surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management including work site modifications, and have clear clinical and special study evidence of a lesion. The Official Disability Guidelines recommend a diagnostic arthroscopy as an option if there are negative results on imaging and symptoms persist after 4 to 12 weeks of conservative therapy. Prior conservative treatment was not mentioned on the requesting date. It was also noted that the injured worker underwent an MRI of the left wrist, which revealed median neuritis and a TFCC tear as well as STT and thumb CMC arthritis. There is no evidence of negative results on imaging. The medical necessity for a diagnostic arthroscopy of the left wrist has not been established in this case. Therefore, the request is not medically appropriate at this time.

**Left Forearm Explorations Median and PLBMN Neurolysis: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**Decision rationale:** The California MTUS /ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management including work site modifications, and have clear clinical and special study evidence of a lesion. Carpal tunnel syndrome must be proved by positive findings on examination and supported by nerve conduction tests. Patient's with only mild symptoms display a poor post surgery result. Patients with moderate to severe carpal tunnel syndrome have better outcomes from surgery than splinting. Although it is noted on the electrodiagnostic report, the injured worker has mild median neuropathy in the left carpal tunnel area. The guidelines recommend a carpal tunnel release for patients with moderate to severe symptoms. The injured worker's physical examination on the requesting date only revealed diminished sensation with left sided TFCC laxity. There was no documentation of moderate to severe carpal tunnel syndrome upon examination. It is also noted that the injured worker has previously been treated with a bilateral carpal tunnel release. The medical necessity for a second procedure has not been established in this case. As such, the request is not medically appropriate at this time.

**Possible Revision Carpal Tunnel Release At [REDACTED]:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter Forearm, Wrist, Hand, Chapter Carpal Tunnel Surgery, Web Edition.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**Decision rationale:** The California MTUS /ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management including work site modifications, and have clear clinical and special study evidence of a lesion. Carpal tunnel syndrome must be proved by positive findings on examination and supported by nerve conduction tests. Patient's with only mild symptoms display a poor post surgery result. Patients with moderate to severe carpal tunnel syndrome have better outcomes from surgery than splinting. Although it is noted on the electrodiagnostic report, the injured worker has mild median neuropathy in the left carpal tunnel area. The guidelines recommend a carpal tunnel release for patients with moderate to severe symptoms. The injured worker's physical examination on the requesting date only revealed diminished sensation with left sided TFCC laxity. There was no documentation of moderate to severe carpal tunnel syndrome upon examination. It is also noted that the injured worker has previously been treated with a bilateral carpal tunnel release. The medical necessity for a second procedure has not been established in this case. As such, the request is not medically appropriate at this time.

**Follow Up (F/U) In 4-6 Weeks For Pre-Operative Visit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**TFCC repair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Triangular fibrocartilage complex (TFCC) reconstruction.

**Decision rationale:** The California MTUS /ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management including work site modifications, and have clear clinical and special study evidence of a lesion. The Official Disability Guidelines recommend TFCC reconstruction as an option. Arthroscopic repair of peripheral tears of the TFCC is a satisfactory method of repairing these injuries. Although it was noted on the physician progress report, the injured worker underwent an MRI of the left wrist, which revealed a TFCC tear. The official imaging study was not provided for this review. Therefore, the request is not medically appropriate at this time.