

<b>Case Number:</b>	CM15-0029331		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Maryland, Virginia, North Carolina  
 Certification(s)/Specialty: Plastic 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 a work related injury on 4/8/13. The diagnoses have included brachial neuritis/radiculitis and carpal tunnel syndrome. Treatments to date have included CT scan cervical spine, oral medications, self-care, physical therapy and acupuncture. In the PR-2 dated 2/5/15, the injured worker complains of paresthesias in left hand. He complains of cervical neck pain with radiating pain down both arms but more pronounced in left arm. He rates the pain a 2-4/10 on medications and 6-7/10 off of medications. He has decreased sensation in left hand with thumb, index, middle and ring fingers. On 2/5/15, Utilization Review non-certified requests for left carpal tunnel release, pre-operative lab work-complete blood count (CBC) with differential, prothrombin time (PT), partial thromboplastin time (PTT); pre-operative electrocardiogram (EKG), pre-operative clearance, and post-operative physical therapy (PT) 2x/week for 6 weeks. The California MTUS, ACOEM Guidelines and ODG were cited. The patient was noted to have a double crush syndrome on the left side. Electrodiagnostic studies from 1/16/15 showed mild left wrist carpal tunnel syndrome and left C6 cervical radiculopathy. Conservative management had included medical management, physical therapy and acupuncture (although specific physical therapy appeared to be related to the shoulder).

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Left Carpal Tunnel Release: Upheld**

**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 and 272.

**Decision rationale:** The patient is a 53-year-old male with signs and symptoms of probable left carpal tunnel syndrome. Electrodiagnostic studies support that a mild condition exists and there are no examination findings like thenar atrophy to suggest a severe condition. In addition, the patient has evidence of a possible double crush syndrome. Therefore, based on the guidelines below, conservative management should be attempted and documented. This includes bracing, medical management, followed by a recommended steroid injection. As pointed out in the UR, a steroid injection may help to determine the contribution of the symptoms to compression at the wrist versus from the radiculopathy. Therefore, left carpal tunnel release should not be considered medically necessary. From 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 electro-diagnostically 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. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare. Positive EDS in asymptomatic individuals is not CTS. Studies have not shown portable nerve conduction devices to be effective diagnostic tools. Surgery will not relieve any symptoms from cervical radiculopathy (double crush syndrome). From Table 11-7, the following is recommended: Injection of corticosteroids into carpal tunnel in mild or moderate cases of CTS after trial of splinting and medication.

**Pre-op lab work: renal function panel, Complete Blood Count (CBC) with diff, Prothrombin Time (PT), Partial Thromboplastin Time (PTT): 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), Low Back, Preoperative testing, general.

**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.

**Pre-op Electrocardiogram (EKG): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Preoperative testing, general.

**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.

**Pre-op Clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Preoperative testing, general.

**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.

**Post-op physical therapy (PT) 2 times per week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**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.