

<b>Case Number:</b>	CM15-0219563		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	01/22/2015
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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 51 year old female, who sustained an industrial-work injury on 1-22-15. A review of the medical records indicates that the injured worker is undergoing treatment for status post right endoscopic carpal tunnel release using Menon technique 8-18-15 and left carpal tunnel syndrome. Medical records dated 9-15-15 indicate that the injured worker complains of aching in both wrists and hands. She returns for post-operative visit #2 and she states that the symptoms have improved. She continues to have shooting pains along the incision site with swelling in the palm. She states that occupational therapy has been very helpful and rates the pain 5 out of 10 on the pain scale. Per the treating physician report dated 9-15-15 the work status is temporary totally disabled. The physical exam of the bilateral wrists reveals intact neurovascular status, right wrist tenderness over the incision area, full wrist motion bilaterally, positive Phalen's for carpal tunnel on the left and positive carpal compression test for carpal tunnel syndrome on the left. The electromyography (EMG) nerve conduction velocity studies (NCV) dated 4-16-15 is of the right upper extremity. The physician recommends surgical intervention left wrist and hand carpal tunnel release. There is no electromyography (EMG) - nerve conduction velocity studies (NCV) report results in the records for the left upper extremity. Treatment to date has included pain medication Aleve, Tylenol, occupational therapy to the right hand status post right carpal tunnel release 8-18-15, physical therapy right hand with no relief, activity modifications, rest, bracing, diagnostics, home exercise program (HEP) and other modalities. The requested services included Open Versus Endoscopic Left Carpal Tunnel Release, Pre-Operative Electrocardiogram (EKG) and Post-Operative Occupational Therapy 3x4 (Left Wrist). The original Utilization review dated 10-14-15 non-certified the request for Open Versus Endoscopic Left Carpal Tunnel Release, Pre-Operative Electrocardiogram (EKG) and Post-Operative Occupational Therapy 3x4 (Left Wrist).

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Open Versus Endoscopic Left Carpal Tunnel Release: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation (ODG TWC) Carpal Tunnel Syndrome Procedure Summary, Online Version, Carpal Tunnel Release.

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

**Decision rationale:** The patient is a 51 year old female with a possible left sided carpal tunnel syndrome, based on relevant signs and symptoms. She had previously undergone a right carpal tunnel release. However, there does not appear to be electrodiagnostic studies supporting a left carpal tunnel syndrome. The electrodiagnostic studies provided for this review, report only findings on the right side. Therefore, a left carpal tunnel release should not be considered medically necessary, based on guidelines from the ACOEM. From page 270, ACOEM, Chapter 11, 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. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare.

### **Pre-Operative EKG: 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.

### **Post-Operative Occupational Therapy 3x4 (Left Wrist): 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.

