

<b>Case Number:</b>	CM15-0042974		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	12/09/2012
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: California

Certification(s)/Specialty: Orthopedic Surgery, Hand 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 injured on December 9, 2012. The injured worker reports pain in her head, neck, shoulders, elbows, hands, wrists, fingers, legs, sleep disorder, pain in her right knee, pain in her right ankle, tension, headaches, visual loss. Nearly 200 pages of medical records include multiple pain diagrams by the patient which are inconsistent and non-anatomical including symptoms in the neck, low back and lower extremities. She reports difficulty urinating, defecating, brushing teeth, combing hair, dressing, writing, seeing from her right eye, standing, sitting, reclining, walking, climbing stairs, grasping and lifting with the right hand, resting and sleeping. Evaluation has included MRI of the right brachial plexus, MRI of the right shoulder, MRI of the cervical spine, MR arthrography right wrist, and electrodiagnostic testing noting increased sensory latencies in both median nerves, both radial nerves, and the right ulnar nerve with all but the right sensory prolongation attributed to cold extremities; motor nerve conduction velocities and electromyography were normal. Treating physicians diagnoses include right hand sprain, left hand sprain, bilateral wrist sprain, bilateral DeQuervain's, bilateral medial epicondylitis, sprain/strain cervical spine, sprain/strain lumbar spine, impingement syndrome shoulder, bilateral lateral epicondylitis, prior distal ulna fracture, tendinitis wrist, carpal tunnel syndrome, sprain/strain right knee, sprain/strain right ankle, psychological sensory loss, migraine headache disorder and hypertension. The January 19, 2015 requested treatments were: 1. Right Carpal Tunnel Release, 2. Preoperative clearance with Internal Medicine Physician.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Right Carpal Tunnel Release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 273, 270, and 164. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome Chapter.

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

**Decision rationale:** In this case the reported symptoms are not consistent with a diagnosis of carpal tunnel syndrome. The majority of symptoms such as visual loss, low back pain and lower extremity pain cannot be attributed to carpal tunnel syndrome/median neuropathy at the wrist. The patient's pain diagrams are not consistent with carpal tunnel syndrome. The majority of the objective evidence, such as on electrodiagnostic testing is not consistent with carpal tunnel syndrome. Therefore, carpal tunnel decompression surgery is not medically necessary and unlikely to be beneficial.

### **Preoperative clear with Internal Medicine Physician:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement: Preoperative Evaluation.

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

**Decision rationale:** The request for pre-operative clearance by an internal medicine physician is tied to the request for carpal tunnel release surgery which is not medically necessary; therefore the pre-operative evaluation is also unnecessary.