

<b>Case Number:</b>	CM15-0056996		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	09/30/2014
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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 41-year-old female, who sustained an industrial injury on 09/30/2014. According to a progress report dated 02/04/2015, the injured worker complained of right wrist and right hand pain. Diagnoses included right wrist pain, right hand pain, right carpal tunnel syndrome and right wrist mild extensor and flexor tendinitis. The injured worker was offered a second injection to the right carpal tunnel. Surgery had been denied. According to a progress noted dated 03/09/2015, the provider requested a stat second appeal for surgery and included right carpal tunnel release, right wrist median nerve block, pre-op clearance and right wrist plastic wound closure and postoperative occupational therapy.

### 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:** 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): 260-270.

**Decision rationale:** Hundreds of pages of medical records reviewed are inconsistent with a diagnosis of carpal tunnel syndrome. Reported history is inconsistent. On October 3, 2014 it was reported that right shoulder and trapezius pain were noted the day after lifting boxes and climbing ladders on September 30, 2014; a patient pain diagram notes symptoms in the shoulder and upper arm. On October 13, 2014, a pain diagram notes symptoms in the back of the wrist and hand (no shoulder/upper arm symptoms at that time). At the time of a November 7, 2014 initial orthopaedic evaluation, a specific wrist hyperflexion incident was reported. At the time of November 14, 2014, electrodiagnostic testing, diffuse symptoms were reported including wrist pain, cramping, finger numbness, visual disturbance, weakness and chest pain. The reported symptoms are not consistent with carpal tunnel syndrome. The November 14, 2014 electrodiagnostic testing was normal; it was not consistent with carpal tunnel syndrome. Two carpal tunnel corticosteroid injections have been performed without substantial improvement. Carpal tunnel surgery is not medically necessary.

**Right wrist median nerve block:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed, 986-990.

**Decision rationale:** The request is presumably for anesthesia for carpal tunnel surgery, which is beyond the scope of the CA MTUS, but discussed in the subspecialty text referenced. Carpal tunnel surgery can be performed with general anesthesia, regional anesthesia or local anesthesia. As the surgery is in the wrist/base of the palm where there is overlap of terminal sensory nerve distributions, blocking only the medial nerve is insufficient. Therefore, the request is not medically necessary.

**Pre-op clearance:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Non-cardiac Surgery: Guidelines and Recommendations, MOLLY A. FEELY, MD; C. SCOTT COLLINS, MD; PAUL R. DANIELS, MD; ESAYAS B. KEBEDE, MD; AMINAH JATOI, MD; and KAREN F. MAUCK, MD, MSc, Mayo Clinic, Rochester, Minnesota, Am Fam Physician. 2013 Mar 15; 87 (6): 414-418.

**Decision rationale:** An extensive systematic review referenced above concluded that there was no evidence to support routine preoperative testing. More recent practice guidelines recommend testing in select patients guided by a perioperative risk assessment based on pertinent clinical history and examination findings, although this recommendation is based

primarily on expert opinion or low-level evidence. In this case, there is no documented medical history to support the need for the requested evaluation; rather, records indicate the injured worker is in "good health" and has undergone surgeries without medical or anesthetic complications. Therefore, the request is not medically necessary.

**Right wrist plastic wound closure:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed, 986-990.

**Decision rationale:** Surgical wound closure is beyond the scope of the CA MTUS, but discussed in the specialty text referenced. Wound closure is an integral part of any surgical procedure and there is no need for the requested wrist closure, which presumably refers to closing the surgical wound after carpal tunnel release surgery. Therefore, the request is not medically necessary.