

Case Number:	CM14-0137981		
Date Assigned:	09/05/2014	Date of Injury:	05/31/2011
Decision Date:	10/09/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/26/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and Hand Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 with reported date of injury on 05/31/2011. The mechanism of injury was noted to be from cumulative trauma. Her diagnoses were noted to include status post ulnar nerve decompression of the right elbow and left carpal tunnel syndrome. Her previous treatments were noted to include occupational therapy, surgery, medications and bracing. An MRI reported dated 05/19/2014 to the left wrist revealed mild to degenerative changes of the wrist with tiny ganglionic cysts within the dorsum of the wrist, synovial edema and enhancement and no median nerve enlargement or abnormal sign is seen. The MRI report revealed clinical findings were most consistent with carpal tunnel syndrome. The progress note dated 06/11/2014 revealed complaints of numbness and tingling in the radial 3 digits of the left hand. The injured worker also complained of right lateral neck discomfort. The electrodiagnostic report dated 07/17/2014 revealed left moderate compression of the median nerve at the carpal tunnel with right mild compression of the ulnar nerve near the medial epicondyle. There was a right mild compression of the ulnar nerve at the Guyon's canal. No other evidence of entrapment neuropathy was noted at any level in the bilateral upper extremities. The physical examination revealed a positive Tinel's at the median nerve to the left wrist and the sensory motor examination was intact bilaterally. The grip strength test was 25 kilograms to the right and 30 kilograms to the left. The provider revealed an MRI dated 05/11/2014 of the left wrist which revealed synovial edema and enhancement with tiny ganglion cysts to the dorsal aspect of the wrist with mild degenerative changes of the wrist. The progress note dated 08/06/2014 revealed complaints of numbness and tingling throughout all digits of the left hand. The injured worker complained of weakness to right hand with soreness in the elbow secondary to limited and inadequate amount of therapy following right elbow ulnar nerve decompression procedure. The injured worker has had long standing numbness to the left hand

and her symptoms were refractory to conservative treatment consisting of a brace. The physical examination revealed a positive Tinel's at the median nerve left wrist with the sensory and motor examination intact bilaterally. There was full range of motion noted in all digits to both hands, wrists and both elbows. There was mild tenderness at the medial epicondyle right elbow. The grip strength examination revealed right was to 25 kilograms and left was to 35 kilograms. The Request for Authorization form dated 08/07/2014 was for left endoscopic carpal tunnel release, postoperative occupational therapy times 12, and preoperative clearance by CBC/PT/PTT/INR/CXR/EKG/HIS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left endoscopic carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines-Treatment Worker's Compensation) Carpal Tunnel Syndrome

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

Decision rationale: The request for Left endoscopic carpal tunnel release is not medically necessary. The injured worker complains of numbness and tingling to the left hand into the fingers. The CA MTUS/ACOEM Guidelines recommend surgical decompression of the median nerve usually relieves carpal tunnel syndrome symptoms. High quality scientific evidence shows success in the majority of patients with electrodiagnostically confirmed diagnoses of carpal tunnel syndrome. Patients with the mildest symptoms display the poorest postsurgical results: patients with moderate or severe carpal tunnel syndrome have better outcomes from surgery than splinting. Carpal tunnel syndrome must be proved by positive findings on clinical examination of the diagnoses and should be supported by a nerve conduction test before surgery is undertaken. Mild carpal tunnel syndrome with normal electrodiagnostic tests exists, but moderate or severe carpal tunnel syndrome with normal EDS is very rare. Based on the data from the randomized controlled trials, endoscopic carpal tunnel release seems to be ineffective procedure compared to open surgery; however, greater emphasis must be given to training surgeons in this technique to avoid major complications, such as median nerve injuries. With proper training and equipment, endoscopic carpal tunnel release can be done safely without complication rates comparable to those for the open technique and with high patient satisfaction. Early return to work after either type of carpal tunnel surgery is more dependent on the willingness of the employer and the patient than on surgical technique. The MRI and electrodiagnostic study reports corroborate the carpal tunnel syndrome diagnoses. However, there is a lack of documentation regarding conservative treatments other than bracing attempted prior to requesting surgery. Therefore, due to the lack of specifics regarding conservative treatments attempted, the carpal tunnel syndrome release is not appropriate at this time. Therefore, the request is not medically necessary.

Postoperative occupational therapy Quantity: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: The request for Postoperative occupational therapy Quantity: 12 is not medically necessary. The previous request for carpal tunnel release surgery was deemed not medically necessary due to lack of documentation of conservative treatment and therefore, postoperative occupational therapy quantity 12 is not appropriate at this time. As such, the request is not medically necessary.

Preoperative clearance CBC/PT/PTT/INR/CXR/EKG/HIS: 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
<http://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=>

Decision rationale: The request for Preoperative clearance CBC/PT/PTT/INR/CXR/EKG/HIS is not medically necessary. Per the Society of General Internal Medicine Online, "preoperative assessment is expected before all surgical procedures." The previous request for carpal tunnel release surgery was deemed not medically necessary and therefore preoperative clearance is not appropriate at this time. As such, the request is not medically necessary.