

Case Number:	CM14-0140531		
Date Assigned:	09/10/2014	Date of Injury:	02/01/2013
Decision Date:	11/14/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/29/2014

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 Pain Management and is licensed to practice in California. 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 43 year old right-hand dominant female with a date of injury on 2/1/2013. Per 2/7/2014 records, the injured worker reported that she started chiropractic treatment on 2/6/2014 and experienced a flare up in her pain immediately after the session but it then decreased to moderate levels. She continued to report of intermittent moderate neck pain with radiation to her head, mid back, and bilateral upper extremities. She also reported of numbness and tingling sensation in the back of the neck and mid back. Objective examination noted tenderness over the paracervical and trapezial musculature. Positive cervical distraction test was noted as well as spasm. Range of motion was limited due to pain. Records dated 3/5/2014 documents that she continued to report of intermittent moderate pain with radiation to her head, mid back, and bilateral upper extremities. She also reported numbness and tingling sensation in the back of her neck and mid back. She stated that she completed 4 chiropractic sessions but continued to notice of stiffness and pain. An examination noted tenderness over the paracervical and trapezial musculature. Cervical distraction test was positive. Muscle spasms were noted. Range of motion was restricted due to pain. Agreed medical evaluation (AME) records dated April 10, 2014 records indicate that the complained of frequent neck pain, radiating to her upper back. She also complained of numbness, tingling, as well as clicking sensations. Pain was increased when turning her neck from side to side with flexion and extension. She also complained of frequent right and left shoulder pain, worse on the right, occasionally radiating to the biceps area. Pain was more intense right shoulder. She also complained of numbness and tingling sensation in her shoulder blades. Pain was increased with repetitive movements, lifting, and carrying. She also noted difficulty cooking and doing her household chores. She also noted upper back pain as well as intermittent low back pain with tingling sensations. She reported pain was increased with prolonged standing and when doing

household chores. She noted difficulty bending. Objective examination of the cervical spine noted tenderness without spasm of the paravertebral musculature and interscapular area, right and left. Tenderness with spasm was noted over the upper trapezii. Range of motion was limited in all planes. X-rays of the cervical spine revealed decrease C4-5, C5-6 disc space. X-rays of the thoracic spine demonstrated a compression fracture of T8 to T9 with 50% reduction of the vertebral heights, posteriorly. Records dated 4/29/2014 indicate that she underwent magnetic resonance imaging (MRI) scan of the thoracic spine and revealed no significant canal or neural foraminal stenosis. She then underwent electromyography (EMG)/nerve conduction velocity (NCV) studies on 5/6/2014 noted borderline abnormal electrodiagnostic studies of the bilateral upper extremities consistent with a bilateral mild carpal tunnel syndrome and borderline left chronic C7 radiculopathy. Recent records dated 7/23/2014 noted to that the injured worker continued to report neck pain which radiates to the arms bilaterally. She reported intermittent moderate pain in the mid back pain. She also reported left wrist pain with numbness and tingling sensation and occasionally drops objects. Objective findings of the cervical spine exhibited tenderness about the paracervical and trapezial musculature. Distraction test was positive. Muscle spasms were also noted with restricted range of motion due to complaints of pain. A left wrist examination revealed tenderness to palpation diffusely. There is positive Tinel's sign. She is diagnosed with (a) cervical spine sprain/strain with radicular complaints. A magnetic resonance imaging (MRI) study showed evidence of 2-mm disc protrusion at C3-C4, C4-C5 and C5-C6 and (b) mild bilateral carpal tunnel syndrome.

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 Page(s): 270.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Carpal tunnel release surgery (CTR)

Decision rationale: According to evidence-based guidelines if the carpal tunnel syndrome is not severe the clinical presentation of the injured worker should meet at least two to three indications per criteria of the indications for carpal tunnel release. For the symptoms, at least 2 should be met: (a) abnormal Katz hand diagram scores, (b) nocturnal symptoms, and (c) Flick sign (shaking hand). For findings by physical examination, 2 of the following should be positive: (a) compression test, (b) Semmes-Weinstein monofilament test, (c) Phalen's sign, (d) Tinel's sign, (e) decrease two-point discrimination test, and (f) mild thenar weakness (thumb abduction). The injured worker should not be pregnant. For initial conservative treatments, three of the following should be met: (a) active modification greater than= 1 month, (b) night wrist splint greater than= 1 month, (c) nonprescription analgesia (i.e., acetaminophen), (d) home exercise training (provided by physician, healthcare provider or therapist, and (e) successful initial outcome from corticosteroid injection trial (optional). Initial relief of symptoms can assist in confirmation of diagnosis and can be good indicator for success of surgery if electrodiagnostic testing is not

readily available and positive electrodiagnostic testing. In this case, the clinical presentation of the injured worker does not meet the above given criteria. Records indicate that she had objective findings of positive Tinel's sign, has failed conservative treatments, and has mildly positive electrodiagnostic study results. These signs are the only indications regarding carpal tunnel syndrome and it does not satisfy the said requirements. With this, the medical necessity of the requested left carpal tunnel release is not established.