

<b>Case Number:</b>	CM14-0165189		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 59 year old female with an injury date of 06/12/12. Based on the 08/20/14 progress report provided by [REDACTED], the patient presents with bilateral carpal tunnel syndrome. Physical examination to the bilateral hands reveal positive Tinel's and Phalen's bilaterally. She has numbness, tingling and pain in the median nerve distribution bilaterally. Treater states having electrodiagnostic evidence of severe carpal tunnel syndrome on the left, as well as moderate carpal tunnel syndrome on the right; and awaiting authorization to proceed with surgical intervention. Per utilization review letter dated 09/22/14, patient has been approved for Bilateral carpal tunnel release beginning with the left side. Diagnosis 08/20/14- bilateral carpal tunnel syndrome- cervical pain- periscapular pain The utilization review determination being challenged is dated 09/22/14. The rationale follows: 1) decision for medical clearance: "not necessary for routine procedure.." 2) decision for Arm sling: "lack of documentation to support this DME" 3) decision for Percocet #20: "modified certification" 4) decision for Post operative physical therapy #8: "modified to 8" Per RFA dated 09/15/14, treater requests the following: - pre-op medical clearance: to ensure the patient's health prior to having surgery- DME Arm sling: to help support patient after surgery- Meds postoperative narcotic pain medication percocet: to help ease pain after surgery and recovery- Therapy postoperative physical therapy: 2 x [REDACTED] is the requesting provider, and he provided treatment reports from 01/17/13 - 08/29/20.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical 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 Official Disability Guidelines (ODG) Lumbar chapter for Preoperative electrocardiogram (ECG)

**Decision rationale:** The patient presents with bilateral carpal tunnel syndrome. The request is for decision for medical clearance. Per progress report dated 08/20/14, treater states having electrodiagnostic evidence of severe carpal tunnel syndrome on the left, as well as moderate carpal tunnel syndrome on the right; and awaiting authorization to proceed with surgical intervention. Per utilization review letter dated 09/22/14, patient has been approved for Bilateral carpal tunnel release beginning with the left side. With regards to medical clearance, ODG states: "Lumbar chapter for Preoperative electrocardiogram (ECG): Criteria for Preoperative electrocardiogram (ECG):Low Risk Surgical Procedures:- These are defined as procedures with low risk (with reported cardiac risk generally less than 1%), and they include: Endoscopic procedures; Superficial procedures; Cataract surgery; Breast surgery; & Ambulatory surgery. ECGs are not indicated for low risk procedures."Per RFA dated 09/15/14, treater requests pre-op medical clearance to ensure the patient's health prior to having surgery. Carpal tunnel release is a superficial procedure categorized as low risk. The request is not indicated by ODG. Recommendation is for denial.

**Arm sling:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**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 (Acute & Chronic); Splinting

**Decision rationale:** The patient presents with bilateral carpal tunnel syndrome. The request is for decision for Arm sling. Treater states having electrodiagnostic evidence of severe carpal tunnel syndrome on the left, as well as moderate carpal tunnel syndrome on the right; and awaiting authorization to proceed with surgical intervention. Per utilization review letter dated 09/22/14, patient has been approved for Bilateral carpal tunnel release beginning with the left side.ODG-TWC guidelines has the following: ([http://www.odg-twc.com/odgtwc/Carpal\\_Tunnel.htm#ProcedureSummary](http://www.odg-twc.com/odgtwc/Carpal_Tunnel.htm#ProcedureSummary)) Wrist splinting after CTR: Splinting after surgery has negative evidence. Two prospective randomized studies show that there is no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. In fact, splinting the wrist beyond 48 hours following CTS release may be largely detrimental, especially compared to a home physical therapy program."Per RFA dated 09/15/14, treater requests DME Arm sling to help support patient after surgery. However based

on ODG, splinting the wrist following CTS has negative evidence and may be detrimental. Recommendation is for denial.

**Percocet Qty: 20.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines states: "CRITERIA FOR USE OF OPIOIDS Page(s): MTUS 76-78.

**Decision rationale:** The patient presents with bilateral carpal tunnel syndrome. The request is for decision for Percocet #20. Treater states having electrodiagnostic evidence of severe carpal tunnel syndrome on the left, as well as moderate carpal tunnel syndrome on the right; and awaiting authorization to proceed with surgical intervention. Per utilization review letter dated 09/22/14, patient has been approved for Bilateral carpal tunnel release beginning with the left side..MTUS 76-78 states: "CRITERIA FOR USE OF OPIOIDS , (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. (e) If partial analgesia is not obtained, opioids should be discontinued."Per RFA dated 09/15/14, treater requests postoperative narcotic pain medication Percocet to help ease pain after surgery and recovery. The request appears reasonable and inline with guidelines. Recommendation is for authorization.

**Post operative physical therapy Qty: 8.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS post-surgical guides Page(s): p15.

**Decision rationale:** The patient presents with bilateral carpal tunnel syndrome. The request is for decision for Post operative physical therapy #8. Treater states having electrodiagnostic evidence of severe carpal tunnel syndrome on the left, as well as moderate carpal tunnel syndrome on the right; and awaiting authorization to proceed with surgical intervention. Per utilization review letter dated 09/22/14, patient has been approved for Bilateral carpal tunnel release beginning with the left side.MTUS post-surgical guides p15 states: "Carpal Tunnel Syndrome: Recommended as indicated below. Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks \*Postsurgical physical medicine treatment period: 3 months."Treater's request for 8 post operative physical therapy visits is inline with MTUS. Recommendation is for authorization.