

<b>Case Number:</b>	CM14-0219294		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	05/12/2011
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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: Maryland, Virginia, North Carolina  
 Certification(s)/Specialty: Plastic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62 year old male was injured 5/12/11 when he was reaching for a box, grabbing the box with his left upper extremity injuring the left shoulder. He had x-rays and MRI of the left shoulder and cortisone injection to the back. He had a prior injury in 2008 where he injured his low back. And at that time had x-rays, an MRI of the lumbosacral spine and electromyography (EMG) and nerve conduction studies (NCS) done. Current complaints include left shoulder with restricted range of motion and pain intensity of 6/10; cervical spine pain; left wrist and hand pain with numbness and tingling in bilateral hands. He also developed pain in the right shoulder due to compensating for the left. Nerve conduction studies were positive for bilateral carpal tunnel syndrome. In addition he is experiencing altered mental status. Diagnoses include adhesive capsulitis, left shoulder, status post arthroscopic surgery (7/28/14); cervical radiculitis/radiculopathy secondary to herniated cervical disc, positive MRI; lumbar radiculitis/radiculopathy secondary to herniated lumbar disc; carpal tunnel syndrome, left and right, positive nerve conduction velocity (NCV)-failed conservative care; altered mental status, rule out transient ischemic attack. Treatments prior to 7/28/14 surgery included physiotherapy X 4 months and left shoulder injection with good temporary relief. He is awaiting authorization for left hand carpal tunnel release. Following surgery the recommended post-operative treatment would include, wrist brace and wrist forearm immobilizer. Documentation from November 18th, 2014 states that the patient had failed conservative management but did not document the specific treatments. The patient is noted to have numbness and tingling of the bilateral hands, abnormal 2 pt discrimination in the median nerve distribution and weakness of the

hands. Documentation from 5/24/13 states electrodiagnostic studies demonstrated right carpal tunnel syndrome. Previous stated electrodiagnostic study results from 1/18/13 noted a mild left carpal tunnel syndrome and from 5/24/11 noted a bilateral carpal tunnel syndrome. On 12/16/14 Utilization Review non-certified the request for one left hand carpal tunnel release was non-certified based on lack of documentation that the injured worker had undergone conservative treatment to include work site modifications, injections, splinting or therapy. Since the surgery was non-certified the request for one wrist brace and one wrist-forearm immobilizer was non-certified based. MTUS Guidelines were referenced.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Associated surgical service: One wrist brace:** Upheld

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

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

**Decision rationale:** As the requesting procedure was not considered medically necessary, post-operative bracing would not be necessary.

**Associated surgical service: One wrist-forearm immobilizer:** Upheld

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

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

**Decision rationale:** As the requesting procedure was not considered medically necessary, post-operative immobilizer would not be necessary.

**One left hand carpal tunnel release:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 and 272.

**Decision rationale:** The patient is a 62 year old male with signs and symptoms of possible carpal tunnel syndrome with supportive electrodiagnostic studies(although the results do not appear to be recent). There is insufficient evidence to conclude that the patient has a severe condition, as there is not clear documentation of a severe condition on electrodiagnostic studies

or that the patient has findings of thenar atrophy or other stigmata of a severe condition. Conservative management should be considered and be well-documented, which has not been done. The patient is only stated to have failed conservative management; no specifics have been provided. Therefore, left carpal tunnel syndrome in this patient should not be considered medically necessary. From ACOEM, Chapter 11, page 270, Surgical Considerations: Referral for hand surgery consultation may be indicated for patients who:- Have red flags of a serious nature- Fail to respond to conservative management, including worksite modifications- Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention Specifically with respect to carpal tunnel surgery: Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest postsurgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. From table 11-7, page 272, splinting is first-line conservative management for carpal tunnel syndrome and steroid injection after failure of splinting and medication. This would not be the case for a documented severe condition, which has not been demonstrated for this patient.