

Case Number:	CM15-0113121		
Date Assigned:	06/24/2015	Date of Injury:	04/23/2012
Decision Date:	09/22/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/11/2015

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 56 year old female patient who sustained an industrial injury on 04/23/2012. The accident was described as while working as a computer technician he encountered cumulative trauma resulting in injury. An orthopedic evaluation dated 04/30/2015 reported the patient with subjective complaint of having bilateral hand/wrist pain. Current medications are: Flexeril, Omeprazole, Fenopropfen, Docuprene, and Sertraline. Objective assessment found positive Tinel's sign bilaterally and positive Phalen's at 30 seconds bilaterally. She has decreased sensation at the index finger and the thumb. There is thenar atrophy of bilateral hands, right worse. The plan of care noted proceeding with right endoscopic release, undergo a post-operative course of physical therapy and follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist carpal ligament release: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-270.

Decision rationale: This is a request for carpal tunnel release surgery. The injured worker reports 8-10/10 pain in the neck, upper back, lower back and all 4 extremities attributed to an April 23, 2012 motor vehicle accident. May 30, 2014 bilateral upper extremity electrodiagnostic testing was suggestive of mild right carpal tunnel syndrome with results on the left being normal; August 23, 2014 electrodiagnostic testing was interpreted as being consistent with mild bilateral carpal tunnel syndrome and C6 radiculopathy. The mechanism of injury isn't consistent with carpal tunnel syndrome. Only a minority of the injured workers reported symptoms could be attributed to carpal tunnel syndrome. There is no documentation of response to conservative treatment of carpal tunnel syndrome; an April 7, 2015 progress report notes, "Patient is not interested in undergoing carpal tunnel injection today." In a case such as this with widespread symptoms only a minority of which might be related to carpal tunnel syndrome and diagnoses known to produce overlapping symptoms such as C6 cervical radiculopathy, response to conservative carpal tunnel treatment is necessary to know what portion if any of the patient's symptoms are arising in the carpal tunnel. Carpal tunnel release surgery is not appropriate at this time.

Left wrist release: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-270.

Decision rationale: This is a request for carpal tunnel release surgery. The injured worker reports 8-10/10 pain in the neck, upper back, lower back and all 4 extremities attributed to an April 23, 2012 motor vehicle accident. May 30, 2014 bilateral upper extremity electrodiagnostic testing was suggestive of mild right carpal tunnel syndrome with results on the left being normal; August 23, 2014 electrodiagnostic testing was interpreted as being consistent with mild bilateral carpal tunnel syndrome and C6 radiculopathy. The mechanism of injury isn't consistent with carpal tunnel syndrome. Only a minority of the injured workers reported symptoms could be attributed to carpal tunnel syndrome. There is no documentation of response to conservative treatment of carpal tunnel syndrome; an April 7, 2015 progress report notes, "Patient is not interested in undergoing carpal tunnel injection today." In a case such as this with widespread symptoms only a minority of which might be related to carpal tunnel syndrome and diagnoses known to produce overlapping symptoms such as C6 cervical radiculopathy, response to conservative carpal tunnel treatment is necessary to know what portion if any of the patient's symptoms are arising in the carpal tunnel. Carpal tunnel release surgery is not appropriate at this time.

Associated surgical service: Assistant surgeon: 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. pages 989-991.

Decision rationale: This is a request for an assistant surgeon for carpal tunnel release surgery. Technical details of surgery are beyond the scope of the California MTUS, but described in detail in the specialty text referenced. Even when performed with a larger traditional open approach, carpal tunnel release is a small surgery performed through a 2 or 3 cm incision. An assistant surgeon is not necessary.

Pre-op appointment, lab work: 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 preoperative 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. Therefore, the request is determined to be unnecessary.

Pre-op appointment, EKG: 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 preoperative 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. Therefore, the request is determined to be unnecessary.

Associated surgical service: Occupational therapy x 12 visits to the bilateral wrists: 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 California MTUS notes that, there is limited evidence demonstrating effectiveness of therapy for carpal tunnel syndrome and, carpal tunnel release surgery is a relatively simple operation that should not require extensive therapy visits for recovery (page 15). The guidelines support 3-8 therapy sessions over 3-5 weeks after carpal tunnel release surgery (page 16). An initial course of therapy is defined as one half the maximal numbers of visits (page 10) 4 sessions following carpal tunnel surgery. Additional therapy sessions up to the maximum allowed is appropriate only if there is documented functional improvement defined as clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment (page 1). The request exceeds guidelines therefore is not medically necessary.