

Case Number:	CM15-0114368		
Date Assigned:	06/22/2015	Date of Injury:	10/31/2014
Decision Date:	08/25/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/12/2015

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: Minnesota, Florida

Certification(s)/Specialty: Orthopedic 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:

The injured worker is a 45 year old female with an industrial injury dated 07/01/2010-10/31/2014 (cumulative trauma). Her diagnosis is bilateral carpal tunnel syndrome. Prior treatment included diagnostics, injections to the wrists, medications, physical therapy, home exercises and splints. She reports an industrial injury to her back in 1988. She presents on 02/23/2015 with complaints of constant pain, weakness, numbness and tingling to both wrists and hands. She also reports anxiety, stress, depression and difficulty sleeping. Physical exam of the upper extremities revealed tenderness to palpation over the volar crease of the wrist. Tinel's and Phalen's testing was positive on the left. Range of motion of the wrist was limited. Examination of the right wrist and hand reveals tenderness to palpation over the volar crease of the wrist. Tinel's and Phalen's testing was positive on the right. Range of motion of the right wrist was limited. There were decreased sensations in the median nerve distributions of both upper extremities. Sensory response over the cervical 5, 6, and cervical 7 nerve roots was within normal limits on both the right and left sides. Reflexes were normal and radial and ulnar pulses were normal bilaterally. The provider documents the injured worker has failed all conservative treatments including the use of medications, wrist splints, physical therapy, home exercises, activity modification and cortisone injection. The treatment plan included medications and a request for bilateral carpal tunnel release surgery with associated services. The request is for bilateral carpal tunnel release, chest x-ray, and lab work and post op physical therapy 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral carpal tunnel release: Overturned

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): 270.

Decision rationale: The injured worker is a 46-year-old female with a date of injury of 1/1/2009 to October 31, 2014. Per the documentation received from [REDACTED], she has clinical and electrodiagnostic evidence of carpal tunnel syndrome. Office notes dated May 7, 2015 indicate persistent and increasing pain, weakness, numbness and tingling in both wrists and hands. Physical examination on that day did not document any thenar atrophy. Inspection of the left wrist and hand revealed no erythema, ecchymosis or gross deformity. On palpation, there was tenderness over the volar crease of the wrist. Tinel's and Phalen's were positive on the left. Range of motion of the left wrist was limited with flexion to 54 and extension to 51. Radial deviation was 14 and ulnar deviation 24. There was decreased sensation to light touch and pinprick in the median nerve distribution. Examination of the right wrist revealed no erythema, ecchymosis or deformity. There was tenderness to palpation over the volar crease of the wrist. Tinel's and Phalen's were positive. Range of motion was limited with flexion 157, extension 56, radial deviation 16 and ulnar deviation 27. There was decreased sensation to light touch and pinprick in the median nerve distribution of the right upper extremity. Motor power was grade 4/5 in both upper extremities. Sensory response over the C5, C6, and C7 nerve roots was within normal limits on both the right and left side. The biceps, triceps, and brachioradialis reflexes were normal and equal bilaterally. The progress notes from [REDACTED] dated May 7, 2015 document EMG and nerve conduction studies of the upper extremities performed at Kaiser Permanente and interpreted by [REDACTED]. The date of the study reported is 5/23/2014. The impression was: "Abnormal studies consistent with bilateral, severe right, and moderate left, carpal tunnel syndrome." The provider also indicated that extensive conservative treatment had been tried in the past including medications, wrist splints, activity modification, physical therapy, acupuncture and cortisone injections with no relief. However, the documentation does not indicate when the cortisone injections were given and what kind of relief was obtained. Relief from the injection is usually diagnostic of carpal tunnel syndrome and absence of relief is not a good sign. The utilization review denial was based upon absence of the nerve conduction study. Unfortunately, the provider has still not submitted the actual nerve conduction study, which is necessitated by guidelines. However, he has quoted the diagnostic impression from the report, which establishes the diagnosis. California MTUS guidelines indicate surgical considerations for carpal tunnel syndrome depend on the confirmed diagnosis of the presenting hand or wrist complaints. High-quality scientific evidence shows success in the majority of patients with electrodiagnostically confirmed diagnosis of carpal tunnel syndrome. 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 and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. The documentation submitted indicates that the nerve conduction studies performed in 2014

documented severe carpal tunnel syndrome on the right and moderate on the left. Although the actual report has not been submitted, the provider is quoting the "Impression" from the report. The physical examination does not confirm thenar atrophy that would be expected from severe carpal tunnel syndrome but it does document positive Tinel's and Phalen's as well as the distribution of the hypesthesia. As such, the request for bilateral carpal tunnel releases is appropriate and medically necessary.

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 ODG: Section: Low back Topic: Preoperative lab testing.

Decision rationale: With regard to preoperative lab testing, ODG guidelines indicate that preoperative tests are excessively ordered and are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The request as stated is for preoperative labs but the tests are not specified. As such, the request is not medically necessary.

Post op physical therapy 12 sessions: 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): 15, 16.

Decision rationale: With regard to the request for postoperative physical therapy, California MTUS postsurgical treatment guidelines indicate 3-8 visits over 3-5 weeks for a carpal tunnel release. The initial course of therapy is one-half of these visits and then with documentation of continuing functional improvement a subsequent course of therapy of the remaining half may be prescribed. There is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The request as stated is for 12 visits, which exceeds the guidelines recommendation. As such, the request is not medically necessary.

Chest X-ray: 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 ODG: Section: Low back, Topic: Preoperative testing, general.

Decision rationale: With regard to the request for a preoperative chest x-ray, ODG guidelines indicate that chest radiography is reasonable for patients at the risk of postoperative pulmonary complications if the results would change perioperative management. The injured worker is having a relatively simple surgical procedure and no postoperative pulmonary complications are to be expected. As such, the request for a preoperative chest x-ray is not supported and is not medically necessary.