

<b>Case Number:</b>	CM15-0124067		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	03/30/2009
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand 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 60 year old female who sustained an industrial injury on 03/30/2009. Mechanism of injury was not found in documentation present for review. Diagnoses include bilateral wrist pain, bilateral hand pain, and bilateral recurrent carpal tunnel syndrome. Treatment to date has included diagnostic studies, medications; status post left carpal tunnel release and left trigger thumb release on 07/16/2009, status post right carpal tunnel release in 2010, wrist splint-right, ice and physical therapy. A physician progress note dated 05/07/2015 documents the injured worker complains of bilateral wrist and hand pain, with numbness and tingling in both wrist and both hands. She has pain at night that wakes her. She has inability to move and use her hands as well as lack of grip strength, numbness and tingling. There is positive median nerve compression test along with a positive Tinel's sign and positive Phalen's test on examination of both wrists and hands. There is obvious edema in both hand and wrists, more severe on the right than the left. Wrist range of motion is unrestricted. Treatment requested is for associated surgical services: physical therapy, post-operative, 2 times a week over 4 weeks, bilateral carpal tunnel release, outpatient, and bilateral wrist median nerve block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral carpal tunnel release, outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), carpal tunnel syndrome.

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

**Decision rationale:** The carpal tunnel release is not medically necessary. According to the ACOEM guidelines, Chapter 11, page 270, 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 post-surgery 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. This patient's most recent nerve conduction test was in 2011, and only the left hand was studied. Given that the patient has already had carpal tunnel releases, new nerve conduction tests should be obtained and compared to the studies that were performed prior to the carpal tunnel releases to determine if conduction velocities have improved. Nerve conduction testing does not always normalize following carpal tunnel release, and nerve conduction tests should be compared to determine if transverse ligament release has resulted in any improvement in conduction velocities. Therefore this request is not medically necessary.

**Bilateral wrist median nerve block:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated surgical services: physical therapy, post operative, 2 times a week over 4 weeks:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.