

<b>Case Number:</b>	CM15-0175346		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	09/25/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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, Indiana, Oregon

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 (IW) is a 49 year old male who sustained an industrial injury on 09-25-2014. Medical records indicate the worker had cumulative trauma, and accepted body parts for his claim include bilateral upper extremity, thoracic-lumbar spine, and bilateral ears. The injured worker was diagnosed as having: Extensor Tendon strain, Carpal Tunnel Syndrome, Pain shoulder region (joint), and chronic back pain greater than 3 months. Treatment to date has included medications and diagnostic tests Electromyogram-Nerve conduction velocity (EMG-NCV). As of 02-04-2015, the worker has been in a pain program. He has history of multiple work-related injuries. The worker had an EMG-NCV test on 11-2014 was abnormal showing electrodiagnostic evidence of right median neuropathy at the wrist (as in carpal tunnel syndrome) moderate in degree. There was no evidence of left median neuropathy. The worker was given instruction in carpal tunnel exercises to be performed at least twice daily, and given bilateral wrist braces to wear at night and during activities when symptoms are present. He currently is taking Norco, Ibuprofen, and Baclofen. In the provider notes of 07-24-2015, the injured worker complains of total body pain. Specific to his right wrist he complains a 5 to 7 on a scale of 0-10. The character is aching and there is radiation up the arm. Pain is aggravated by repetitive gripping, grasping, pushing, pulling and lifting and alleviated by rest. He also complains of numbness-tingling throughout the hand-wrist with swelling and spasm. The treatment plan of care on 07-24-2015 included continuation with pain medication from his primary provider, request retro-authorization for an Integrated Pain Program, request authorization for physical therapy for bilateral shoulders and left wrist, and request authorization for right Carpal Tunnel Release with 12 post-op physical therapy. A request for authorization was submitted for; 1. Retrospective right carpal tunnel release (DOS 7-27-15). 2. Post-operative

physical therapy to the right wrist, 12 sessions. 3. Associated surgical service: Physical therapy for the bilateral shoulders and left wrist, 8 visits. 4. Post-operative rehab, 12 visits. A utilization review decision 08-07-2015 non-certified the request in its entirety.

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

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

#### **Retrospective right carpal tunnel release (DOS 7-27-15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case there is a lack of evidence of failed injections. Therefore, the request is not medically necessary.

#### **Post-operative physical therapy to the right wrist, 12 sessions: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

#### **Associated surgical service: Physical therapy for the bilateral shoulders and left wrist, 8 visits: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

#### **Post-operative rehab, 12 visits: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.