

Case Number:	CM15-0040570		
Date Assigned:	03/10/2015	Date of Injury:	08/01/2013
Decision Date:	05/07/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/03/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 30-year-old male with a reported injury on 08/01/2013. The mechanism of injury was not provided. His diagnosis was noted to include bilateral wrist carpal tunnel syndrome, moderate to severe. His medications were noted to include tramadol. No surgical history was provided. His diagnostic testing included electro diagnostic studies on 05/27/2014, which reported bilateral moderate to severe median neuropathy involving both motor and sensory nerves across the wrist without active denervation consistent with severe carpal tunnel syndrome. There was no electro diagnostic confirmation of bilateral radial or ulnar neuropathy or cervical radiculopathy. His other therapies had included activity modification, splints, and medications. The patient was evaluated on 11/11/2014 for complaints of numbness and tingling, more evident at night, with episodes where it has to be 'shaken off.' The injured worker reported repetitive tasks were being affected, especially repetitive fine motor tasks. The injured worker complained of weakness with some clumsiness and holding and manipulating objects. The same symptoms were true of the opposite hand, which was milder. Physical examination revealed no distal edema and brisk capillary refill. Tinel's sign was positive at the bilateral wrists. Phalen's test was also positive. There was no atrophy of the thenar musculature. There was mild 2-point discrimination sensation loss, especially with the Phalen's maneuver. Wrist range of motion was normal and testing of the radial and ulnar nerves was intact. No deformity was noted. The grip strength was diminished. The clinician's treatment plan was to request authorization for a carpal tunnel release and postoperative therapy. The clinician also requested authorization for a wrist splint. Surgery was tentatively scheduled for 01/14/2015. The patient was seen for a

preoperative evaluation on 01/05/2015 with no new complaints or findings. The patient had a left wrist endoscopic carpal tunnel release on 01/14/2015 and was seen in follow-up on 01/20/2015. The incision was benign after splint removal and the hand was neurologically intact with some stiffness as expected. The Steri-Strips were still in place. Examination showed a positive Tinel's and Phalen's signs on the right. There was no atrophy of the thenar musculature. There was mild 2-point discrimination sensation loss, especially with Phalen's maneuver. Wrist range of motion was normal on testing of radial and ulnar nerves were intact. No deformity was noted. The grip strength was diminished. The clinician indicated that respect to the left wrist, the patient was stable 1 week after endoscopic carpal tunnel release and the injured worker would continue with bracing at night. He was to begin physical therapy as directed and will remain very temporarily disabled. With respect to the right wrist, the injured worker was a candidate for right wrist endoscopic carpal tunnel release and a Request for Authorization would follow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 1/30/15). Surgical Assistant.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Surgical assistant.

Decision rationale: The request for surgical assistant is not medically necessary. The patient was diagnosed with carpal tunnel syndrome. The Official Disability Guidelines recommend surgical assistant as an option in more complex surgeries. An endoscopic carpal tunnel release is not considered to be a complex surgical intervention. As such, surgical assistant is not supported. Therefore, the request for surgical assistant is not medically necessary.

Pre-operative clearance history & Physical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=48408>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative testing, general.

Decision rationale: The request for preoperative clearance history and physical is not medically necessary. The patient was diagnosed with carpal tunnel syndrome. The Official Disability Guidelines state that the decision to order preoperative tests should be guided by the patient's

clinical history, comorbidities and physical examination findings. The provided documentation indicated that the patient had no pertinent medical history and was not taking any medications for chronic illnesses. Additionally, an endoscopic carpal tunnel release is not considered a complex surgery. As such, the requested service is not supported. Therefore, the request for preoperative clearance history and physical is not medically necessary.

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 Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative electrocardiogram (ECG).

Decision rationale: The request for EKG is not medically necessary. The patient was diagnosed with carpal tunnel syndrome. The Official Disability Guidelines do not recommend electrocardiograms for low risk surgical procedures. As endoscopic carpal tunnel release is considered a low risk surgical procedure, preoperative electrocardiogram is not supported. Therefore, the request for EKG is not medically necessary.