

<b>Case Number:</b>	CM15-0067522		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	02/12/2013
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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 32 year old male, who sustained an industrial injury on 02/12/2013. He has reported subsequent shoulder and wrist pain and was diagnosed with rotator cuff tear and wrist sprain/strain. Treatment to date has included oral pain medication, steroid injection and shoulder surgery. In a progress note dated 02/23/2015, the injured worker complained of daytime and nocturnal symptoms of right hand numbness and parasthesias. Objective findings were notable for tenderness to palpation along the thumb trapeziometacarpal joint, positive Tinel's sign and positive carpal compression test. A request for authorization of a right carpal tunnel release and pre-operative lab work was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Carpal Tunnel Release:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Syndrome chapter - Indications for Surgery, Carpal Tunnel Release.

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

**Decision rationale:** In this case, the injured worker has symptoms and examination findings suggestive of carpal tunnel syndrome with moderate median neuropathy at the wrist confirmed by electrodiagnostic testing and persistent symptoms despite splinting. The CA MTUS supports consideration of carpal tunnel release surgery, which has been shown to have better outcomes than splinting in cases of moderate to severe carpal tunnel syndrome, and has high quality evidence of success in the majority of patients with electrodiagnostically confirmed carpal tunnel syndrome. Therefore, the request is deemed medically necessary and appropriate.

**Preoperative Labs: CBC, Chem 20:** 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), 20th annual edition and ODG treatment in Workers' Compensation (ODG-TWC), 13th annual edition, 2015, Lumbar & Thoracic (Acute & Chronic), Preoperative testing-general.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Noncardiac 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 perioperative 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; rather, records indicate the injured worker has undergone more extensive shoulder surgery without medical or anesthetic complications. Therefore, the request is determined to be unnecessary.