

<b>Case Number:</b>	CM15-0074694		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	01/31/2013
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Texas, Florida  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 54 year old male, who sustained an industrial injury on 1/31/13. He reported pain in his neck and bilateral upper extremities related to repetitive motions. The injured worker was diagnosed as having, post cervical fusion syndrome, double crush syndrome, neck pain, cubital tunnel syndrome and carpal tunnel syndrome. Treatment to date has included cervical spine fusion on 4/4/2014, PT and pain medications. The diagnostics to date included EMG/NCS that showed chronic mild C6-C7 radiculopathy and both negative and positive findings of median nerve entrapment. There is a past medical history of non WC related thumb trauma with residual nerve damage. As of the PR2 dated 2/24/15, the injured worker reported increasing problems in his wrists. He has tried bracing, cortisone injections and therapy, but his pain still remains 4-8/10. The treating physician noted a positive Tinel's sign over that carpal canal bilaterally. There was tenderness to palpation over the cervical spine. The treating physician requested bilateral carpal tunnel release; left side first, followed in 6 weeks by right side, post-operative physical therapy 3x weekly for 4 weeks, medical clearance and bilateral wrist sling for purchase. There was no current medication indicated but the record show past utilization of NSAIDs, Tramadol and topical analgesic products.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral carpal tunnel release, left side first, followed in 6 weeks by right side:** Upheld

**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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Upper extremities. Wrist and Hand, Neck and Upper Back.

**Decision rationale:** The CA MTUS ACOEM and the ODG guidelines recommend that surgical options can be utilized in the treatment of severe musculoskeletal pain when conservative treatments with medications, PT and minimally invasive procedures have failed. The records indicate that the patient had subjective, objective and radiological findings consistent with residual cervical radiculopathy. There were also subjective and objective findings of carpal tunnel syndrome. The EMG/NCS confirmed C6-C7 roots radiculopathy but the report for the upper extremities was equivocal with both negative and positive findings of possible carpal tunnel syndrome. There was no report of recent conservative treatments with PT or medications for the relieve of hand symptoms following the 2014 multilevel cervical spine fusion surgery. It was noted that the past thumb trauma was related to the paresthesia and hypoesthesia of the the radial side of hand. The 2014 multilevel cervical fusion did not result in significant resolution of the symptoms. There was no documentation of failure of conservative treatment with neuropathic anticonvulsant and antidepressant medications. The criteria for bilateral carpal tunnel release surgery left side, then right side 6 weeks later was not met. Therefore, the requested medical treatment is not medically necessary.

**Post-op physical therapy 3 x 4 for the left/right wrist:** Upheld

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

**MAXIMUS 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) Pain Chapter Upper Extremities. Hand and Wrist, Neck and Upper Back.

**Decision rationale:** The CA MTUS ACOEM and the ODG guidelines recommend that surgical options can be utilized in the treatment of severe musculoskeletal pain when conservative treatments with medications, PT and minimally invasive procedures have failed. The records indicate that the patient had subjective, objective and radiological findings consistent with residual cervical radiculopathy. There were also subjective and objective findings of carpal tunnel syndrome. The EMG/NCS confirmed C6-C7 roots radiculopathy but the report for the upper extremities was equivocal with both negative and positive findings of possible carpal tunnel syndrome. There was no report of recent conservative treatments with PT or medications for the relieve of hand symptoms following the 2014 multilevel cervical spine fusion surgery. It was noted that the past thumb trauma was related to the paresthesia and hypoesthesia of the radial side of hand. The 2014 multilevel cervical fusion did not result in significant resolution of the symptoms. There was no documentation of failure of conservative treatment with neuropathic anticonvulsant and antidepressant medications. The criteria for bilateral carpal tunnel release was not met therefore the indication for post-operative physical therapy 3X4 left and right wrist was not met. Therefore, the requested medical treatment is not medically necessary.

**Associated surgical service: Medical clearance:** Upheld

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

**MAXIMUS 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) Pain Chapter Upper Extremities Wrist and Hand, Neck and Upper Back.

**Decision rationale:** The CA MTUS- ACOEM and the ODG guidelines recommend that surgical options can be utilized in the treatment of severe musculoskeletal pain when conservative treatments with medications, PT and minimally invasive procedures have failed. The records indicate that the patient had subjective, objective and radiological findings consistent with residual cervical radiculopathy. There were also subjective and objective findings of carpal tunnel syndrome. The EMG/NCS confirmed C6-C7 roots radiculopathy but the report for the upper extremities was equivocal with both negative and positive findings of possible carpal tunnel syndrome. There was no report of recent conservative treatments with PT or medications for the relieve of hand symptoms following the 2014 multilevel cervical spine fusion surgery. It was noted that the past thumb trauma was related to the paresthesia and hypoesthesia of the the radial side of hand. The 2014 multilevel cervical fusion did not result in significant resolution of the symptoms. There was no documentation of failure of conservative treatment with neuropathic anticonvulsant and anticonvulsant medications. There was no documentation of significant medical condition that met that guidelines criteria for pre-operative medical clearance for the minor surgery of carpal tunnel release. The criteria for the bilateral carpal tunnel release was not met therefore Associate Surgery Service- pre-operative medical clearance is not medically necessary.

**Associated surgical service: Bilateral wrist sling purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Upper Extremities Hand and Wrist.

**Decision rationale:** The CA MTUS- ACOEM and the ODG guidelines recommend that surgical options can be utilized in the treatment of severe musculoskeletal pain when conservative treatments with medications, PT and minimally invasive procedures have failed. The records indicate that the patient had subjective, objective and radiological findings consistent with residual cervical radiculopathy. There were also subjective and objective findings of carpal tunnel syndrome. The EMG/NCS confirmed C6-C7 roots radiculopathy but the report for the upper extremities was equivocal with both negative and positive findings of possible carpal tunnel syndrome. There was no report of recent conservative treatments with PT or medications for the relieve of hand symptoms following the 2014 multilevel cervical spine fusion surgery. It was noted that the past thumb trauma was related to the paresthesia and hypoesthesia of the the radial side of hand. The 2014 multilevel cervical fusion did not result in significant resolution of the symptoms. There was no documentation of failure of conservative treatment with neuropathic anticonvulsant and antidepressant medications. The

request for bilateral carpal tunnel release was not certified therefore the criteria for Associate Surgery service -bilateral Wrist Sling purchase was not met. Therefore, the requested medical treatment is not medically necessary.