

<b>Case Number:</b>	CM15-0092708		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	05/31/2011
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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 52 year old female, who sustained an industrial injury on 05/31/2011. She has reported injury to the left hand/wrist and right hand/wrist. The diagnoses have included left carpal tunnel syndrome; status post left endoscopic carpal tunnel release; status post ulnar nerve decompression; right ulnar syndrome; and right carpal tunnel syndrome. Treatment to date has included medications, diagnostics, bracing, injection, occupational therapy, and surgical intervention. Medications have included Ultram, Voltaren, and Protonix. A progress note from the treating physician, dated 04/06/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of decreased numbness and tingling in the left hand; three weeks status post left endoscopic carpal tunnel release; some soreness and discomfort left proximal palm; and numbness and tingling in the right little and ring fingers. Objective findings have included mild swelling and tenderness in the left proximal palm at surgical site; incision is well-healed without infection; full range of motion in all digits of the left hand; decreased mild limitation of flexion and extension of the left wrist; positive Tinel's at the ulnar nerve right wrist; full range of motion in all digits of the right hand and wrist; and sensory and motor exam is intact on the right. The treatment plan has included the request for median and ulnar nerve open decompression for right wrist; post-operative occupational therapy, quantity: 12; and pre-operative clearance CBC, PT, PTT, INR, Chem 7, UA, CXR, EKG, and history and physical.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Median and ulnar nerve open decompression for right wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-270. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed. Pages 994-995.

**Decision rationale:** Records reviewed in this case are largely inconsistent with the proposed diagnoses of right carpal tunnel syndrome and right ulnar tunnel syndrome. A March 9, 2015 report from the treating physician gives an impression of, "status post ulnar nerve decompression right wrist" and "possible ulnar tunnel syndrome and right carpal tunnel syndrome" while a May 4, 2015 report suggests, "right ulnar tunnel slightly." July 17, 2014 electrodiagnostic testing revealed normal right distal median motor and sensory peak latencies, normal distal ulnar latency and amplitude, just mildly prolonged (3.8 ms with a normal range up to 3.7 ms) distal ulnar sensory latency, and normal electromyography. The majority of the objective electrodiagnostic testing is inconsistent with a diagnosis of either right carpal tunnel or right ulnar tunnel syndrome. The California MTUS notes that patients with the mildest carpal tunnel symptoms have the poorest postsurgical results. Ulnar nerve compression at the wrist is unusual and not discussed in the California MTUS. The specialty hand surgical text referenced above notes that indications for ulnar nerve decompression at Guyon's canal are, "uncommon (page 995)." There is insufficient support provided for the medical necessity of the 2 surgeries requested including the uncommon ulnar nerve decompression at the wrist following prior decompression of the same nerve at the elbow. Therefore the request is not medically necessary.

**Postoperative occupational therapy Qty: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**Decision rationale:** The CA MTUS supports 3-8 post-surgical therapy sessions over 3-5 weeks after carpal tunnel surgery. The uncommon proposed ulnar nerve surgery would be performed through the same carpal tunnel incision and does not warrant additional therapy. The request is not medically necessary and is in excess of guidelines.

**Preoperative clearance CBC, PT, PTT, INR, CHEM 7, UA, CXR, EKG, H&P: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing before Non-cardiac 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 multiple surgical procedures without medical or anesthetic complications and had pre-operative evaluation including labs, CXR and EKG in February 2015. Therefore the request is not medically necessary.