

Case Number:	CM15-0097589		
Date Assigned:	05/28/2015	Date of Injury:	05/24/2011
Decision Date:	07/02/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/20/2015

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: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic 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 is a 63-year-old female who sustained an industrial injury on 05/24/2011 resulting in bilateral wrist pain. The Injured worker was diagnosed with bilateral wrist fractures. Treatment provided to date has included: physical therapy; chiropractic treatments, medications, modified activity, acupuncture, and conservative care. Diagnostic tests performed include CT scans of the cervical spine (10/14/2014), MRI of the cervical spine (12/19/2012); electro diagnostic testing of the upper extremities showing evidence of bilateral carpal tunnel syndrome; x-rays of the bilateral wrist showing fractures in both wrist. Comorbid diagnoses included history of ulcers, stroke, high cholesterol, and hypertension. There were no noted previous work related injuries or dates of injury. On 04/22/2015, physician progress report noted complaints of neck pain, bilateral wrist pain and right shoulder pain. Pain is rated as 4 (0-10). The physical exam noted tenderness to palpation and decreased range of motion; however, it was noted what body part was examined. The provider noted diagnoses of cervical strain/sprain, cervical radiculitis, shoulder strain/sprain, wrist strain/sprain, and bilateral carpal tunnel syndrome. Plan of care includes bilateral wrist surgery, pre-op medical clearance, Tylenol #3 for post-op pain, continued paraffin bath for both hands/wrist, and continued home exercise program. The injured worker remained temporarily totally disabled. Requested treatments include: bilateral wrist surgery and Tylenol #3. Electro diagnostic studies from 10/12/12 noted moderate carpal tunnel syndrome on the right and less on the left. The patient is noted to have chronic pain of both wrists with bilateral hand numbness. Examination had previously documented positive Tinel's signs and Phalen's signs. Documentation from a peer-to-peer interview on 12/1/14 notes that the patient is stated to have bilateral carpal tunnel syndrome and had undergone injections that

were not helpful, splinting and EDS which documented bilateral carpal tunnel syndrome. Documentation from an independent evaluation dated 10/14/14 notes that the patient has undergone conservative management with splinting and NSAIDs for her bilateral wrist pain and history of fractures. She is noted to have a normal sensory exam of both hands with negative Phalen's and Tinel's. Documentation from May 13, 2015, notes that the patient has evidence of bilateral carpal tunnel syndrome supported by EDS. Documentation from 3/27/15 notes that the patient has pain and numbness of the bilateral hands. Stated X-ray studies document no acute changes. Phalen's and Tinel's are positive. Patient is noted to have a history of bilateral wrist fractures with bilateral malunions and bilateral carpal tunnel syndrome. Plan is for bilateral wrist MRI to rule out internal derangement, PT and bilateral carpal tunnel release with pre-op medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery, Bilateral Wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-286.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 and 272.

Decision rationale: The patient is a 63-year-old female with a long history of bilateral wrist pain and bilateral carpal tunnel syndrome. This was complicated by a history of bilateral wrist fractures and bilateral malunions. Based on the entirety of the medical record, the patient has signs and symptoms of bilateral carpal tunnel syndrome that has failed conservative management of NSAIDs, splinting, injections and is supported by EDS. Based on ACOEM guidelines bilateral carpal tunnel release appears indicated. However, the documentation from 3/27/15 notes that an MRI of the wrist was ordered to rule out internal derangement. It is not clear from the medical records whether this had been certified and/or performed. Prior to bilateral wrist surgery in the form of carpal tunnel release, the results of these studies should be available and discussed by the treating physician. In addition, it is unclear if the request for bilateral wrist surgery just includes carpal tunnel releases or includes additional treatment of the wrist structures (given the history of malunions and possible internal derangement). Therefore, bilateral wrist surgery should not be considered medically necessary without further clarification. Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature; Fail to respond to conservative management, including worksite modifications; Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. From page 270, ACOEM, Chapter 11, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electro diagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by

nerve-conduction tests before surgery is undertaken. Mild CTS with normal electro diagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare." Further from page 272, Table 11-7, injection of corticosteroids into to the carpal tunnel is recommended in mild to moderate cases of carpal tunnel syndrome after trial of splinting and medication. Therefore, the requested treatment is not medically necessary.

Tylenol #3, 30/300 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, and 124.

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

Decision rationale: As the procedure was not considered medically necessary, post-operative acute pain medication would not be necessary.