

<b>Case Number:</b>	CM13-0005335		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and Hand Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient reported an injury on 02/26/2013. The mechanism of injury was not specifically stated. The patient is currently diagnosed with ganglion of tendon sheath, trigger finger, carpal tunnel syndrome and joint pain in the forearm. The patient was recently evaluated on 01/06/2014. The patient presented with numbness in the right hand. Physical examination revealed a ganglion cyst in the palmar wrist area, mild tenderness to palpation, positive Tinel's and Phalen's testing and slightly decreased grip strength. Treatment recommendations included a neuroplasty, open carpal tunnel release and excision of volar ganglion cyst. The patient underwent a previous electrodiagnostic study on 05/08/2013, which indicated significant improvement to the median nerve with evidence of axonal loss in the median motor nerves.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **NEUROPLASTY AND/OR TRANSPOSITION, MEDIAN NERVE AT CARPAL TUNNEL:** 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): s 270-271.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state that referral for a hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management and have clear clinical and special study evidence of a lesion that has been shown to benefit from surgical intervention. As per the documentation submitted, there is no evidence of an exhaustion of conservative treatment, including physical therapy, bracing and medications. It is noted that the patient's only prior treatment included a steroid injection. Based on the clinical information received, the patient does not currently meet the criteria for the requested procedure. As such, the request is non-certified.