

<b>Case Number:</b>	CM13-0021255		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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 injured worker is a 48-year-old female who reported an injury on 01/09/2013. The mechanism of injury was when the injured worker was taking care of a client who pulled her down. The diagnoses included left triangular fibrocartilage tear, left superficial radial neuropathy, left moderate carpal tunnel syndrome, left ulnar positive variance, and rule out ulnocarpal abutment syndrome. Previous treatments included EMG/NCV, medications, physical therapy, and MRI. Within the clinical note dated 10/28/2014, it was reported the patient complained of daily pain. The injured worker complained of nighttime numbness. The injured worker complained of weakness. She describes it as intermittent numbness to her fingers. The physical examination revealed the injured worker had limited wrist range of motion in flexion at 55 degrees, extension at 75 degrees, ulnar deviation 35 degrees and radial deviation 15 degrees. Thenar strength was diminished. The carpal tunnel compression test reproduced numbness, as does the Phalen's test. The provider indicated the injured worker had ulnar nerve tenderness at the elbow. The injured worker had a positive Tinel's sign. There was tenderness to palpation of the ulnocarpal joint and ulnar deviation and TFCC loading was uncomfortable. A request was submitted for outpatient left carpal tunnel release, and left wrist arthroscopy with debridement, possible left ulna osteotomy. However, a rationale was not submitted for clinical review. The Request for Authorization form was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Left Carpal Tunnel Release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**Decision rationale:** The California MTUS/ACOEM Guidelines note for surgical consultation it may be indicated for injured workers who have red flags of a serious nature, have failed to respond to conservative management, and have clear clinical and special study evidence of a lesion that has been shown to benefit in both the long and short term from surgical intervention. Surgical decompression of the median nerve usually relieves carpal tunnel symptoms. Carpal tunnel must be proved by positive findings on the examination and the diagnosis should be supported by nerve conduction tests before surgery. The clinical documentation submitted indicated the injured worker had a positive Phalen's, and objective findings of numbness. However, the official MRI and EMG/NCV were not submitted for clinical review warranting the medical necessity for the request. Therefore, the request is not medically necessary at this time.

**Left Wrist Arthroscopy with Debridement, Possible Left Ulna Osteotomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Hand, & Wrist, Diagnostic Arthroscopy

**Decision rationale:** The California MTUS Guidelines note surgical consultation may be indicated for injured workers who have red flags of a serious nature, have failed to respond to conservative management, and have clear clinical and special study evidence of a lesion. In addition, the Official Disability Guidelines note a diagnostic arthroscopy is recommended as an option if negative results on imaging, but symptoms continue after 4 to 12 weeks after conservative treatment. There is lack of documentation indicating the injured worker had tried and failed conservative therapy for at least 4 to 12 weeks. Additionally, the official imaging studies and electrodiagnostic study testing were not submitted for clinical review warranting the medical necessity for the request. Therefore, the request is not medically necessary at this time.