

<b>Case Number:</b>	CM13-0024956		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/02/2013
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 is licensed to practice in California. 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 is a 52 year old employee of [REDACTED] and has developed right wrist pain following a hyperextension incident. X-rays demonstrated a right ulnar styloid fracture. The medical reports from 2013 were reviewed, indicating persistent right wrist and hand pain, discomfort, and swelling. The 7/23/13 progress report indicates that the fingers in the right hand gets numb in the evening on average 3 times per week. This was present prior to the ulnar fracture that has been worsening since the fracture. Physically exam demonstrates unremarkable grip strength. The 8/15/13 progress report indicates persistent right wrist pain, intermittent numbness and tingling in the right hand. Physical exam demonstrates no tenderness over the right wrist; there is intact sensation to pinprick and light touch in the median, ulnar and radial nerve distributions of the right hand. Tinel's and Phalen's are positive at the right wrist. The treatment has included medication, activity modification, wrist splint. The disputed issue in this case is a request for right carpal tunnel release surgery as specified in a DWC Form RFA on date 8/20/2013. There is documentation of a previous utilization review determination which denied this request for lack of electrodiagnostic testing, non-specific symptoms, and presence of intact sensation to pinprick and light touch without an indication of altered two-point discrimination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT CARPAL TUNNEL RELEASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270.

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

**Decision rationale:** California MTUS criteria for carpal tunnel release include failure of non-operative treatment or severe symptoms such as continuous tingling and numbness; most patients should have had at least 1 glucocorticosteroid injection; and patients who do not have a glucocorticosteroid injection that results in at least partial benefit should have an electrodiagnostic study (EDS) consistent with CTS. However, the patient's sensory exam is unremarkable throughout several progress reports. Even though Tinels and Phalen's tests were positive, there were no electrodiagnostic studies to corroborate the diagnosis. Therefore, the request was not medically necessary.