

<b>Case Number:</b>	CM13-0032159		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	06/19/2012
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

Current clinical progress reports for review revealed an orthopedic assessment of 08/21/13 with [REDACTED] which indicated a current diagnosis of neck pain with multilevel degenerative changes, possible right sided cervical radiculopathy with "normal EMG," and bilateral carpal tunnel syndrome status post a prior right carpal tunnel release procedure of 05/23/13. At present, the claimant's physical examination findings showed right carpal tunnel incision to be well healed with the left hand to be with diminished sensation to the thumb, index, and long digit. Previous electrodiagnostic studies performed on 12/17/12 showed findings consistent with mild bilateral carpal tunnel syndrome. Based on failed conservative care, the claimant's left hand was recommended for surgical intervention in the form of carpal tunnel release procedure.

### 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:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Based on the ACOEM Guidelines, the role of the proposed procedure would appear medically warranted. The employee is with positive findings on electrodiagnostic studies confirmed by recent examination that demonstrated sensory change to the carpal tunnel distribution. Based on failed conservative care, positive electrodiagnostic studies, and concordant examination, the role of operative intervention would appear necessary.