

<b>Case Number:</b>	CM13-0033622		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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:

The patient is a 44-year-old female who was injured in a work related accident on 02/25/13. Specific to the claimant's right upper extremity, there is documentation of a 10/08/13 progress report with [REDACTED] stating continued complaints of bilateral carpal tunnel syndrome describing no significant improvement. It states the claimant is with bilateral positive Phalen's and Tinel's testing and failed conservative care including physical therapy. There is also noted to be a failed corticosteroid injection. Recommendation at that time was for operative intervention in the form of a right wrist carpal tunnel release procedure. Formal electrodiagnostic study report is not available for review.

### 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): 270-1. Decision based on Non-MTUS Citation ODG (Carpal Tunnel Syndrome Chapter).

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

**Decision rationale:** Based on California ACOEM Guidelines, a right carpal tunnel release would not be indicated. Records in this case fail to demonstrate formal electrodiagnostic studies for review to confirm or refute the diagnosis of carpal tunnel syndrome. Guideline criteria clearly indicate that carpal tunnel syndrome is a diagnosis that is made by history, physical examination, and electrodiagnostic testing that should be supported before surgery is undertaken. The absence of electrodiagnostic studies in this case would fail to necessitate the claimant's current need for the proposed surgical process.