

<b>Case Number:</b>	CM13-0036862		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	05/19/2012
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 claimant is a 44-year-old gentleman who was injured in a work related accident on May 19, 2012. The clinical records available for review specific to his right upper extremity included a December 17, 2013 assessment by [REDACTED] noting that the claimant was status post a recent left knee arthroscopy with continued right wrist complaints of numbness. Examination showed triggering of the right index finger and a positive Tinel's sign. There was review of a surface EMG report to the cervical spine, but no demonstration of true electrodiagnostic studies performed by a neurologist. Recent conservative care in regards to the wrist was not documented. A dual surgical process was recommended in the form of a trigger finger release and carpal tunnel release procedure.

### 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 Page(s): 264-265, 270, 273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Chapter.

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

**Decision rationale:** Based on CA MTUS ACOEM 2004 Guidelines, surgery in the form of carpal tunnel release procedure would not be indicated. The claimant has had no true electrodiagnostic studies performed that would support and confirm a true diagnosis of carpal tunnel syndrome. ACOEM Guideline criteria indicate that nerve conduction test and examination should support the role of carpal tunnel syndrome before surgical process. The specific request is not supported.

**Right index trigger finger release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 264-265, 267, 273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Chapter.

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

**Decision rationale:** Based on California MTUS ACOEM 2004 Guidelines, trigger finger release procedure would not be indicated. ACOEM Guidelines indicate that conservative care should be utilized and failed for diagnosis of trigger finger before proceeding with operative intervention. Records in this case do not indicate prior treatment including previous injection therapy. The request for the proposed procedure in question is not indicated.