

<b>Case Number:</b>	CM13-0041916		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/09/2008
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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:

This is a 67-year-old female who sustained a vocational injury on July 9, 2008. The records provided for review document that she developed hand pain, numbness, and tingling and her working diagnoses include bilateral carpal tunnel syndrome. The report from the office visit on September 4, 2013, noted hand pain, numbness, tingling, and burning bilaterally. Examination of the right hand demonstrated a positive Tinel's over the carpal tunnel, a positive Phalen's test, and no thenar or hypothenar atrophy noted in the right hand. Two point discrimination was difficult to obtain. Examination of the left hand demonstrated positive Tinel's at the carpal tunnel and a positive Phalen's. Sensation was intact to light touch in the radial, ulnar, and median nerve and two point discrimination was once again hard to obtain. Conservative treatment to date was documented to include splinting and corticosteroid injections in the carpal tunnel which alleviated the pain for less than a week. The September 4, 2013 office note documented that the claimant had electrodiagnostic evidence of bilateral carpal tunnel syndrome. The current request is for bilateral carpal tunnel release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL CARPAL TUNNEL RELEASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

**Decision rationale:** The California ACOEM Guidelines do not support the request for bilateral carpal tunnel releases. There is documentation available for review that EMG and nerve conduction studies have confirmed the diagnosis of carpal tunnel syndrome. However, the formal report was not provided to confirm the pathology. There is also no documentation that the claimant has attempted antiinflammatories, activity modification, work place modifications, and a formal course of therapy prior to considering and undergoing surgery for bilateral carpal tunnel syndrome as recommended by ACOEM Guidelines. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines, the request for the bilateral carpal tunnel releases cannot be considered medically necessary.