

<b>Case Number:</b>	CM13-0043700		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/29/2011
<b>Decision Date:</b>	04/16/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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:

Patient is a 35 year old male with an industrial injury on 8/29/11. Chief complaint is of right shoulder pain. He has received medication therapy, injections, and acupuncture. Patient had electrodiagnostic studies done which showed right carpal tunnel syndrome. He received a right carpal tunnel release on 10/12/12 and apparently received no benefit from the surgery. He underwent a left shoulder arthroscopy and distal clavicle resection and then a right shoulder arthroscopy on 7/23/12 from which he got 60% improvement. Exam notes from 12/2/13 shows a positive Tinel sign on the left elbow. Patient complains of abnormal sensation in his left thumb, index and middle fingers. Diagnosis of lumbosacral strain and cervical strain along with mild left carpal tunnel syndrome. Request is for left carpal tunnel release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT CARPAL TUNNEL RELEASE:** Upheld

**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): 270.

**Decision rationale:** In this case the ACOEM guideline criteria have not been met. The claimant has report of mild carpal tunnel by electrodiagnostic studies. There is no evidence of failure of nonsurgical management or improvement with diagnostic injection. Therefore determination is for non-certification. Disclaimer: MAXIMUS