

<b>Case Number:</b>	CM13-0046500		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/14/2010
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 records are provided in the form of physical therapy notes for the diagnosis of shoulder adhesive capsulitis and an EMG nerve conduction study report. There is a request for authorization for medical treatment dated 12/10/13 requesting a left carpal tunnel release surgery for the diagnosis of left carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carpal tunnel release for the left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Disorders Surgery Carpal Tunnel Release ODG-TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines Carpal Tunnel Syndrome (Acute & Chronic) Carpal tunnel release surgery (CTR) Orthopedic Knowledge Update. 10th ed. Flynn J, ed. American Academy of Or

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

**Decision rationale:** California MTUS/ACOEM Guidelines support carpal tunnel release surgery if the diagnosis is supported by appropriate history and physical examination findings and if EMG/NCV studies demonstrated carpal tunnel syndrome. In this case, the EMG/NCV study

report documents a history of moderate to severe carpal tunnel syndrome. No records are provided, which document any findings of a history of carpal tunnel syndrome or physical examination findings consistent with carpal tunnel syndrome. There is no documentation of any type of conservative treatment for carpal tunnel syndrome. Absent appropriate history and physical examination findings, and conservative care, surgery for the proposed left carpal tunnel release cannot be certified in this case based upon on the California MTUS/ACOEM Guidelines.