

<b>Case Number:</b>	CM13-0048692		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/13/2011
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for carpal tunnel syndrome reportedly associated with an industrial injury of December 13, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; prior bilateral endoscopic carpal tunnel release surgery; unspecified amounts of preoperative and postoperative physical therapy; and extensive period of time off of work, on total temporary disability. In a utilization review report of October 2, 2013, the claims administrator denied a request for a repeat right carpal tunnel release surgery. The applicant's attorney subsequently appealed. In an October 2, 2013 appeal letter, the attending provider wrote that the applicant has had inadequate decompression with a prior endoscopic carpal tunnel release surgery. An open carpal tunnel release surgery is therefore sought. The attending provider writes that the applicant has successful outcome following contralateral open carpal tunnel release surgery. On August 21, 2013, the applicant reported only 1/10 pain two weeks removed from the left carpal tunnel release surgery. The applicant states that she still had pain about the right hand associated with the right carpal tunnel syndrome. Positive Tinel and Phalen's signs were noted. The applicant was placed off of work, on total temporary disability while carpal tunnel release surgery was sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Right Carpal Tunnel Release:** Overturned

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

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in chapter 11, incomplete decompression or recurrence of symptoms can lead to the need for further carpal tunnel release surgery. In this case, given the applicant's incomplete response to the prior surgery and seeming recurrence in carpal tunnel syndrome symptoms, a repeat surgery is therefore indicated, as suggested by ACOEM. Accordingly, the request is therefore certified, on independent medical review.