

<b>Case Number:</b>	CM13-0055882		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	01/10/2011
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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:

The claimant is a 54-year-old gentleman who sustained an injury to the bilateral upper extremities in a May 7, 2013, work-related accident. An October 9, 2013, follow-up report documents the injury was due to cumulative trauma with numbness to the bilateral upper extremities and findings consistent with carpal tunnel syndrome. Electrodiagnostic studies dated July 3, 2013, revealed evidence of positive severe right and moderately severe left carpal tunnel syndrome. There was also evidence of a chronic left C7 radiculopathy noted. Physical examination findings showed negative Phalen's and Tinel's testing over the median nerves at the wrist bilaterally. The claimant, however, was diagnosed with bilateral symptomatic carpal tunnel syndrome. Surgical intervention in the form of a left carpal tunnel release was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CARPAL TUNNEL RELEASE - LEFT SIDE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), (ODG-TWC), CARPAL TUNNEL SYNDROME PROCEDURE SUMMARY

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

**Decision rationale:** Based on California ACOEM Guidelines, the requested surgical process of left carpal tunnel release would not be indicated in this case. While the claimant is noted to have positive electrodiagnostic studies, a clinical examination dated October 9, 2013, failed to demonstrate corresponding physical findings indicative of carpal tunnel syndrome. Negative Phalen's and Tinel's testing at the last assessment would not support the acute need of a carpal tunnel release procedure. The surgical process in this case is not indicated.