

<b>Case Number:</b>	CM13-0057967		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/25/2007
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Hand Surgery, and is licensed to practice in Oregon. 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:

This is a 54-year-old male who sustained an industrial overuse injury on 10/25/07. The mechanism of the injury was cumulative trauma. Diagnoses included cubital tunnel syndrome, carpal tunnel syndrome, thumb basal joint arthritis, ulnar collateral ligament tear and left thumb MCP joint arthritis. Nerve conduction study on 11/28/12 showed mild right carpal tunnel syndrome. The left carpal tunnel nerve conduction test was normal. A right carpal tunnel steroid injection improved his symptoms by 30%. On 9/23/13, exam showed positive Tinel, Phalen and Durkan signs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neuroplasty and/or transposition; median nerve at carpal tunnel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** Medical necessity for carpal tunnel release is not established. The patient complains of bilateral carpal tunnel syndrome, but the question does not specify which carpal tunnel release is under review. Based on the documentation, a request for left carpal tunnel release is under review. Moreover, notes from the employee's hand surgeon and

physiatrist/neurologist are not provided for review. The clinical history is gleaned exclusively from a prior peer review report as referenced in correspondence from [REDACTED] dated 11/16/13. Based on the information in the peer review, left carpal tunnel release is not medically necessary per the ACOEM guidelines, Chapter 11, page 270. According to the ACOEM guidelines, surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. In this case, the nerve conduction test performed on 11/28/12 was negative for left carpal tunnel syndrome and the records do not include any hand surgery notes regarding symptoms indicative of carpal tunnel syndrome or attempts at medical management. Notes from a hand surgeon are not provided for review.