

<b>Case Number:</b>	CM13-0058630		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/20/2012
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Texas. 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 patient is a 42-year-old female who reported an injury on 06/20/2012 due to cumulative trauma. The patient reportedly sustained injury to the neck, shoulders, and bilateral hands and wrists. The patient was evaluated in 07/2013 and it was documented that the patient had bilateral wrist pain with possible carpal tunnel syndrome. The patient was referred to physical therapy and given a left wrist splint. It was noted that the patient was provided with an ergonomic evaluation with modifications to her work environment. The patient underwent an electrodiagnostic study that documented the patient had mild and primary sensory neuropathy with possible right S1 radiculopathy. The patient's most recent clinical documentation included physical examination findings of the bilateral wrists which included intermittent pain, right side greater than left, with swelling in both hands, and numbness and tingling of the right hand and fingers. Physical findings included a positive Phalen's test with decreased sensation over the entire right hand with tenderness to palpation over the volar aspect of the wrist. A request was made for right carpal tunnel release followed by 12 postoperative occupational therapy visits and preoperative medical clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right 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): 270-271.

**Decision rationale:** The American College of Occupational and Environmental Medicine state that surgical decompression of the median nerve can relieve carpal tunnel syndrome symptoms. It is also noted that this surgery will not relieve any symptoms related to cervical radiculopathy. The clinical documentation submitted for review does not provide significant evidence to support carpal tunnel syndrome that would require surgical intervention. Although the patient does have a positive right-sided Phalen's sign that has failed to respond to activity modifications and immobilization, the patient's electrodiagnostic study does not conclusively identify that the patient has carpal tunnel syndrome. Additionally, though the patient does have a positive Phalen's sign, there are no other significant symptoms to support diagnosis of carpal tunnel syndrome. Also, the clinical documentation does not provide any evidence that the patient has any nocturnal symptoms or a flick sign, or would support the need for surgical intervention. Additionally, there is no documentation that the patient has had a trial of corticosteroid injections. As not all conservative treatments have been exhausted for this patient and the diagnosis of carpal tunnel syndrome is not clearly established, surgical intervention would not be appropriate at this time. As such, the request right carpal tunnel release is not medically necessary or appropriate.

**Post-Op OT X12:** 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): 270-271.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Pre-op medical clearance:** 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): 270-271.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.