

<b>Case Number:</b>	CM13-0059643		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/03/2012
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 43 year old male who sustained a vocational injury on 04/03/12 when he fell off of an eight to ten foot scaffolding while working as a mason tender. The medical records provided for review document current diagnoses of left knee neuropathy, lumbar spondylosis, lumbar radiculopathy, right knee chondromalacia patella, post traumatic in nature and continued complaints of right knee pain. The report of an office visit dated 11/01/13 noted left wrist/hand pain with complaints of dropping everything and difficulty performing activities of daily living. Physical examination revealed a positive Tinel's and Phalen's on the left. Left hand strength measured with a Jamar Dynamometer was 0, 0, 0 compared to 30, 30, and 40 on the right. The claimant had diminished sensation on the left median nerve distribution. Conservative treatment to date included anti-inflammatories, narcotics, physical therapy, activity modification, stretching, a TENS unit, home exercises, cold, heat, and muscle relaxers. EMG/nerve conduction studies performed on 07/16/13 were abnormal study with electrophysiologic evidence suggestive of mild bilateral median sensory nerve neuropathy, seen at the wrist, which is primarily demyelinating, consistent with a mild bilateral carpal tunnel syndrome. The current request for a left carpal tunnel release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left carpal tunnel release:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**Decision rationale:** California MTUS ACOEM Guidelines support the request for left carpal tunnel release. The records for review indicate that the claimant has subjective complaints, physical exam objective findings, and electrodiagnostic studies consistent with carpal tunnel syndrome. The claimant has failed a reasonable course of conservative treatment and subsequently at this time, based on the documentation presented for review, and the ACOEM Guidelines, left carpal tunnel release would be reasonable. Given the above the request is medically necessary.

**Preoperative clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examination and Consultation, page 127.

**Decision rationale:** Based on the California ACOEM Guidelines, the request for preoperative medical clearance cannot be supported as medically necessary. The medical records for review do not identify that the claimant has any ongoing, acute, or chronic medical comorbidities that would necessitate pre-operative medical clearance prior to undergoing carpal tunnel release. Given the above the request is not medically necessary.