

<b>Case Number:</b>	CM13-0066083		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Orthopaedic 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 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 48-year-old female Eligibility Specialist reported an onset of right hand swelling and pain up the arm to the shoulder when she began using her right hand at work (to accommodate for left hand pain and swelling.) Date of injury was 10/5/12. Presenting complaints included bilateral shoulder pain, bilateral elbow pain, and bilateral forearm/wrist pain. The patient was status post non-industrial right carpal tunnel release on 12/5/11. Initial treatment included physical therapy and acupuncture visits directed to all areas of complaint, with benefit reported. The 3/7/13 initial orthopedic report indicated that her symptoms had substantially worsened and she had been off work for the past month. Exam findings documented symmetrical wrist circumference and positive Phalen's and Tinel's over the median nerve at both wrists and at both epicondyles. Grip strength was 55/50/47 on the right and 50/45/50 on the left. The 6/19/13 upper extremity EMG/NCV showed mild bilateral median nerve compression at the carpal tunnels affecting only the sensory component, with no evidence of axon loss or of neuropathic change in the distal thenar musculature. Chronic neuropathic changes in both hands were noted and suggested that the median nerve compression at the wrists was previously much more severe and involved motor axons. On 9/18/13, the treating orthopedist recommended right median nerve exploration and flexor tenosynovectomy and a left carpal tunnel release. Exam findings documented bilaterally positive Phalen's with grossly intact upper extremity motor and sensory examinations. A 10 24 13 PR-2 surgical request noted a "prior left carpal tunnel release (from 2005/2006). The 12/5/13 orthopedic report stated that the patient was not working. Objective findings documented height 5'2", weight 231 pounds, grossly positive Phalen's bilaterally in less than 30 seconds, and grossly intact upper extremity motor and sensory exams. The diagnosis was recurrent right carpal tunnel syndrome. There have been no changes in the right upper extremity exam findings

since 5/2/13. Under consideration is a right median nerve exploration and flexor tenosynovectomy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One Right median nerve exploration of flexor tenosynovectomy between 12/3/2013 and 2/1/2014:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Carpal Tunnel Release Surgery

**Decision rationale:** The Physician Reviewer's decision rationale: Under consideration is a request for right median nerve exploration of flexor tenosynovectomy. The California MTUS guidelines do not address carpal tunnel surgery in chronic cases. The Official Disability Guidelines recommend carpal tunnel release surgery only after an accurate diagnosis of moderate to severe carpal tunnel syndrome. Guidelines do not recommend flexor tenosynovectomy for carpal tunnel syndrome. This patient is status post right carpal tunnel release on 12/5/11. Current objective findings are limited to a positive Phalen's test and EMG findings of mild bilateral median nerve compression. Motor axon conduction actually improved as compared to pre-op. Recent and comprehensive non-operative treatments were not documented to have been tried and failed. Guideline criteria have not been met for carpal tunnel release. Flexor tenosynovectomy is not recommended for treatment of carpal tunnel syndrome. Therefore, this request for right median nerve exploration of flexor tenosynovectomy is not medically necessary.