

<b>Case Number:</b>	CM13-0068647		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/13/2008
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Georgia and 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 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 patient is a 48-year-old male who reported an injury on 5/13/08. The mechanism of injury was that, while the patient was driving a big rig filled with oil, another person wishing to commit suicide drove a small vehicle into the patient's large 18-wheeler. The patient was noted to be treated with physical therapy, occipital nerve blocks, medial branch blocks, and cervical epidural steroid injections. The patient's diagnoses include tenosynovitis of the hand/wrist. The patient underwent a nerve conduction study on bilateral extremities on 5/13/13. The official read included the patient had a prolonged median distal nerve motor latency, and sensory latency, and transcarpal conduction time bilaterally. The patient had a clinical diagnosis of bilateral carpal tunnel syndrome. The physical examination revealed the patient had pain extending into the shoulders and was dropping objects. The patient stated they had weakness in the bilateral hands, greater in the right than the left hand. The physical examination revealed the patient had a markedly positive Tinel's sign with paresthesias extending into the 2nd, 3rd and 4th digits of the right hand. Durkan's test was markedly positive with numbness and paresthesias extending into the 1st through 4th digits of the right hand. Phalen's test was positive also. It was also noted that with the Phalen's and Durkan's tests, the pain extended up the right arm and into the shoulder, and was similar to the right shoulder pain the patient was experiencing. The treatment plan included surgery with carpal tunnel release, right upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Decision rationale:** The ACOEM guidelines indicate that a referral to a hand surgeon for consultation may be appropriate for patients who have red flags of a serious nature, have failure to respond to conservative management including work-site modifications, and have clear clinical and special study evidence of a lesion that has been shown to benefit in both the long and short-term from surgical intervention. It further indicates that carpal tunnel syndrome must be proved by positive findings on clinical examination, and the diagnosis should be supported by nerve conduction study tests before the surgery is undertaken. The guidelines do not mention specific criteria to meet prior to carpal tunnel surgery. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that, in the case of severe carpal tunnel syndrome, a patient must have muscle atrophy, severe weakness of the thenar muscles and a 2-point discrimination test > 6 mm. The indications for non-severe carpal tunnel syndrome are all of the following: (1) symptoms requiring 2 of the following: abnormal KATZ hand diagram scores, nocturnal symptoms, and/or a flick sign, physical examination findings requiring a positive Phalen's and Tinel's; and initial conservative treatment requires 3 of the following: activity modification greater than 1 month, night wrist splint greater than 1 month, non-prescription analgesia, home exercise training, or successful initial outcome from a corticosteroid injection and positive electrodiagnostic testing. The clinical documentation submitted for review indicated the patient had carpal tunnel syndrome per the nerve conduction study and had objective findings upon examination. There was a lack of documentation indicating the conservative care that the patient had undergone including dates of service, types of treatment and the patient's response to the treatment. The request as submitted failed to indicate the laterality for the surgery. Given the above, and the lack of documentation, the request for carpal tunnel surgery is not medically necessary.