

<b>Case Number:</b>	CM13-0070304		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/23/2013
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	11/18/2013
<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 has a subspecialty in Spine Surgery, and is licensed to practice in New York. 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 44-year-old female with a date of injury of March 23, 2013. She injured her arm placing trays on a cart. The diagnoses include shoulder trapezius muscle injury and bilateral carpal tunnel syndrome with also left lateral epicondylitis of the elbow. The patient has been evaluated in the past for fibromyalgia and possible thoracic outlet syndrome. The physical examination shows negative Tinel's and Phalen's sign, and there is no specific tenderness over the wrist. The patient has normal sensation and no weakness in any muscle groups in the upper extremity. Another examination in September 2013, show a positive Phalen's sign, but still a negative Tinel's sign at the wrist. The patient has no weakness of the muscles in the thenar muscle groups. The electrodiagnostic studies do describe abnormalities consistent with median nerve neuropathy bilaterally, left greater than right. Other attempts at conservative measures and to treat carpal tunnel syndrome (CTS) are not documented. At issue is whether carpal tunnel release is medically needed.

### 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 CARPLEL TUNNEL:** Upheld

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

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

**Decision rationale:** This patient does not meet the criteria for carpal tunnel release. It is unclear what degree of conservative treatment has been tried and failed including splinting for carpal tunnel condition. There is also no documentation of physical therapy with the patient's condition. In addition, a response to corticosteroid injection is not documented. The patient has other compounding variables to include possible fibromyalgia and thoracic outlet condition. There is no clear-cut diagnosis of carpal tunnel syndrome at this time. Nerve conductions may show median nerve changes at the wrist, but this may not be the primary source of the patient's pain. Therefore, cortical steroid injection must be performed and documented with a response. Surgery is not medically necessary at this time.