

<b>Case Number:</b>	CM14-0004119		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	10/01/2007
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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 Hand 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 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 injured worker is a 35-year-old male who reported an injury on 10/01/2007. The mechanism of injury was a slip and fall where the injured worker landed in a sitting position on the concrete. Prior treatment included physical therapy, medications and work restrictions. The injured worker underwent a nerve conduction study on 10/08/2009, which revealed a moderate right median neuropathy at the wrist carpal tunnel and there was electrodiagnostic evidence of a moderate mixed motor and sensory polyneuropathy of the upper and lower extremities predominantly demyelinating in nature, compatible with a history of diabetes. The documentation of 05/28/2013 revealed the injured worker had complaints of wrist pain rating 6/10. The objective findings included a positive Phalen's and Tinel's signs bilaterally. The diagnosis was bilateral wrist carpal tunnel syndrome and the treatment plan included a right wrist carpal tunnel surgery.

### 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:** 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:** The ACOEM Guidelines indicate that a referral to a hand surgeon may be appropriate for injured workers who have red flags of a serious nature, have a failure to respond to conservative management and have clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term. Carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. The clinical documentation submitted for review indicated the injured worker had positive findings upon physical examination and positive findings per the electrodiagnostic nerve conduction study. However, there was a lack of documentation indicating the injured worker had a failure to respond to conservative management. The injured worker was noted to have injured his lumbar spine and his hands, there was a lack of documentation of conservative treatment specifically treating the wrists, including splinting and the injured worker's response to it. Given the above comment, the request for a right carpal tunnel release is not medically necessary.