

<b>Case Number:</b>	CM14-0004598		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	07/26/2002
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 patient is a 49-year-old, female who sustained an injury to the right wrist on 07/26/02. The records provided for review included a 12/17/13 PR2 report noting continued right wrist and hand pain with numbness. Objectively, on exam there was a positive Tinel's and Durkan's testing with diminished sensation over the median nerve distribution. Notation was made that the patient had prior dorsal incisions from a previous right wrist joint fusion and subsequent hardware removal. The working diagnosis was right wrist pain with possible early Reflex Sympathetic Dystrophy. Medication management including Gabapentin was recommended in addition to a carpal tunnel release. The records for review provided no reports of previous electrodiagnostic studies of the upper extremities.

### 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 Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270.

**Decision rationale:** Based on California ACOEM Guidelines, right carpal tunnel release cannot be recommended as medically necessary. The ACOEM Guidelines, in regards to the role of carpal tunnel release, recommend positive physical examination findings with concordant findings on electrodiagnostic studies prior to proceeding with operative intervention. The treating physician indicates that this individual's diagnosis has been supported by physical examination findings as well as a Simon's Weinstein monofilament test. A monofilament test alone would not satisfy ACOEM Guideline criteria. Absence of formal electrodiagnostic studies does not support the need for a right carpal tunnel release.