

<b>Case Number:</b>	CM14-0108127		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/05/2010
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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:

64 year old female claimant with an industrial injury dated 10/05/10. The patient is status post a left ankle surgery as of 03/08/12, and right carpal tunnel release surgery on 01/02/14. Exam note 06/05/14 states the patient returns with body pain. The patient uses gloves on her right wrist and right hand. Upon physical exam the patient walks with a cane. The patient demonstrated decreased strength of the left ankle joint. The Tinel's and Phalen's test of the wrist and hand were both positive. Current medications include Norco, Mobic, Ambien, and Ketoprofen cream. The patient was diagnosed with left plantar fasciitis, left ankle sprain, left achilles tendonitis, bilateral carpal tunnel syndrome, repetitive strain injury, cervical sprain, and right knee pain. Treatment includes a continuation of medications, and left carpal tunnel release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Endoscopic Carpal Tunnel Release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. 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.

**Decision rationale:** 64 year old female claimant with an industrial injury dated 10/05/10. The patient is status post a left ankle surgery as of 03/08/12, and right carpal tunnel release surgery on 01/02/14. Exam note 06/05/14 states the patient returns with body pain. The patient uses gloves on her right wrist and right hand. Upon physical exam the patient walks with a cane. The patient demonstrated decreased strength of the left ankle joint. The Tinel's and Phalen's test of the wrist and hand were both positive. Current medications include Norco, Mobic, Ambien, and Ketoprofen cream. The patient was diagnosed with left plantar fasciitis, left ankle sprain, left achilles tendonitis, bilateral carpal tunnel syndrome, repetitive strain injury, cervical sprain, and right knee pain. Treatment includes a continuation of medications, and left carpal tunnel release.