

<b>Case Number:</b>	CM14-0121314		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 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 43-year-old female who reported injury on 08/01/2012. The mechanism of injury was repetitive work. The surgical history included a right endoscopic carpal tunnel release on 06/28/2013. The conservative treatments included physical therapy, medication management, and cortisone injections. The documentation indicated the injured worker had an EMG/NCV on 04/15/2014 that stated there was a right APB denervation potential, with minimal conduction slowing across the wrist itself. Per the physician documentation, the impression was right APB denervation, right endoscopic tunnel release, and bilateral elbow epicondylitis. The documentation indicated the injured worker had a therapeutic steroid injection with 70% improvement in the symptoms for a short time. The documentation of 04/29/2014 revealed the injured worker had minimal thenar atrophy. The APB and opponens muscles had good bulk and faring with resistance. The treatment plan included an ultrasound-guided cortisone injection, and if it was not helpful, an open carpal tunnel release specifically neurolysing the thenar motor branch, and the ultrasound injection was first as a next step. The diagnosis included right APB denervation, right endoscopic carpal tunnel release, and bilateral epicondylitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Revision Carpal Tunnel Release with Hypothenar Flap and Neurolysis of Thenar Motor Branch:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Treatment Index, 11th Edition (web) Carpal Tunnel Syndrome Chapter, Carpal Tunnel Release.

**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 surgical consultation may be appropriate for injured workers who have red flags of a serious nature, 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 from surgical intervention. Carpal tunnel syndrome must be proved by positive findings on clinical examination, and the diagnosis should be supported by nerve conduction studies before surgery is undertaken. The clinical documentation submitted for review indicated the injured worker underwent an EMG on 04/15/2014. However, the specific results were not provided for review. There was a lack of documentation of objective findings upon physical examination to support carpal tunnel syndrome. There was a lack of documentation of the injured worker's response to the injection. Given the above, the request for revision carpal tunnel release with hypothenar flap and neurolysis of thenar motor branch is not medically necessary.

**Electrocardiogram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Treatment Index, 11th Edition (web) 2013, Low Back Chapter, Preoperative Testing, General.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Assistant Surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Treatment Index, 11th Edition (web), 2013, Low Back Chapter, Surgical Assistant.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.