

<b>Case Number:</b>	CM14-0131229		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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, 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 58-year-old female who reported a cumulative trauma injury on 03/01/2012. The medical records were reviewed. The current diagnoses include right shoulder sprain/strain with tendinitis, lateral epicondylitis of the right elbow, and right wrist and hand tendinitis. Previous conservative treatment was noted to include physical therapy and medication management. The injured worker was evaluated on 08/18/2014 with complaints of numbness in the right upper extremity. The physical examination revealed tenderness, decreased range of motion, diminished strength, and sensory deficit. The treatment recommendations included authorization for a right carpal tunnel release and cubital tunnel release of the right elbow. A Request for Authorization form was submitted on 07/02/2014 for a carpal tunnel release of the right wrist and a cubital tunnel release with possible ulnar transposition. It was noted that the injured worker underwent an EMG/NCV on 04/18/2014 which indicated prolonged latency of the right median motor nerve and mildly prolonged distal peak latency of the 1st and 3rd digit median sensory nerve.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carpal Tunnel Release Right Wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints Page(s): pp. 270-271.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management, and have clear clinical and special study evidence of a lesion. Carpal tunnel syndrome must be proved by positive findings on clinical examination and supported by nerve conduction tests. As per the documentation submitted, there is no evidence of any physical examination findings suggestive of carpal tunnel syndrome on the right. Previous conservative treatment was only noted to include physical therapy and medications. There was no documentation of an exhaustion of conservative treatment prior to the request for a surgical procedure. The California MTUS/ACOEM Practice Guidelines recommend hand surgery consultation for patients who have failed to respond to conservative management including work site modifications and splinting. Based on the clinical information received, the current request is not medically appropriate.