

<b>Case Number:</b>	CM14-0151375		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	07/13/2010
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Plastic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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 57-year-old female who sustained an injury, 7/13/2010 on due to repetitive job duties. The patient underwent a right carpal tunnel release on 01/28/2011. Per medical report dated 02/24/2014, she reports no improvement after the surgical intervention and continues to complain of pain and numbness with nocturnal symptoms daily. She also reports left upper extremity numbness tingling and pain. She has had hand therapy which did improve her symptoms somewhat, however, this was temporary. On examination, carpal tunnel compression test is equivocal. Sensibility is intact to 2.83 to Semmes Weinstein monofilament testing. EMG/NCV of the upper extremities dated 03/12/14, revealed evidence of a moderate right carpal tunnel syndrome (median nerve entrapment at wrist) affecting the sensory and motor components. The medical report dated 7/23/14, states that the patient continues to have right hand numbness and pain. She continues to have increased pain with lifting. The most recent medical report dated 08/27/2014, states that the patient continues to complain of significant discomfort over the incision area, as well as burning and hypersensitivity. On examination, she has reasonable range of motion. She has significant Tinel's over the incision and tenderness to palpation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 request for a revision right carpal tunnel release using neurogen wrap: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatments for Workers Compensation, Inline Edition Chapter: Carpal Tunnel Release (CTR)

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

**Decision rationale:** The repeat carpal tunnel release with Neurogen wrap is medically necessary. According to the ACOEM guidelines, Chapter 11, page 270, "Surgical decompression of the median nerve usually relieves carpal tunnel syndrome (CTS) symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken." This patient has significant symptoms of recurrent carpal tunnel syndrome, an exam consistent with carpal tunnel syndrome as well as positive electrodiagnostic studies for median nerve compression. She has moderate carpal tunnel syndrome according to the NCV. Per the ACOEM guidelines, carpal tunnel release is medically necessary.