

<b>Case Number:</b>	CM14-0151892		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	12/21/2009
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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:

This is a 45-year-old who injured her right upper extremity and left knee in a work-related accident on December 21, 2009. The records provided for review included a clinical assessment dated August 11, 2014, noting that the claimant had continued right wrist numbness and tingling of the digits. Examination showed positive Phalen's and Tinel's testing. The report documented that previous electrodiagnostic studies showed moderate carpal tunnel syndrome bilaterally. The request at that time was for a carpal tunnel release procedure. The medical records did not document any underlying comorbidities or medical history for the claimant. The Utilization Review process on August 26, 2014 authorized the proposed surgery as medically necessary. This request is for preoperative medical clearance in preparation for right carpal tunnel release surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Based on Independent Medical Examinations and Consultations Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, the request for preoperative medical clearance prior to right carpal tunnel release is not recommended as medically necessary. The medical records document that the claimant is diagnosed with carpal tunnel syndrome and is scheduled to undergo right carpal tunnel release. The medical records do not contain any documentation of any underlying comorbidities or past medical history that would require preoperative medical clearance prior to the requested procedure. Carpal tunnel release procedures are typically performed under local anesthetic or regional anesthetic. Therefore, the request for pre-operative medical clearance is not medically necessary or appropriate.