

<b>Case Number:</b>	CM14-0159326		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 60-year-old male warehouse laborer sustained an industrial injury on 3/1/12. He reported orthopedic cumulative trauma injuries to his left hand/wrist, left knee, and right ankle. Records indicated that the patient initiated orthopedic treatment on 3/12/14 for his left upper extremity symptoms. The patient reported that he had received no treatment since 2012. The 4/24/14 electrodiagnostic study impression documented findings consistent with moderate bilateral carpal tunnel syndrome. There was no electrophysiologic evidence of entrapment neuropathy of the ulnar or radial nerves. There was no evidence of motor radiculopathy or distal peripheral neuropathy in the upper extremities. The 4/30/14 left hand MRI was reported unremarkable. The 7/23/14 treating physician report cited continued grade 6/10 left hand/wrist pain with numbness, tingling, and weakness. Grip strength was 41/40/38 kg right and 17/15/13 kg left. Phalen's and Durkan's median compression tests were positive on the right wrist. There was non-specific tenderness of the left wrist. There was diminished light touch sensation in the left hand involving the median and ulnar distribution. The diagnosis included left carpal tunnel syndrome. The patient was given a left wrist brace. The patient was to continue taking Anaprox and Prilosec. Authorization was requested for left carpal tunnel release. The 8/27/14 treating physician report documented subjective and objective findings unchanged, but for grip strength which had improved to 45/43/41 kg right and 23/21/19 kg left. Anaprox and Prilosec were dispensed. The treatment plan recommended continued wrist bracing and occupational therapy for the left wrist. The 9/3/14 utilization review denied the request for carpal tunnel release as there was no electrodiagnostic study documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left carpal tunnel release endoscopic vs. open for the left wrist, left wrist:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, Carpal tunnel release surgery (CTR)

**Decision rationale:** The California MTUS guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. The Official Disability Guidelines provide clinical indications for carpal tunnel release that include specific symptoms (abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick Sign), physical exam findings (compression test, monofilament test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness), conservative treatment (activity modification, night wrist splint, non-prescription analgesia, home exercise training), successful corticosteroid injection trial, and positive electrodiagnostic testing. Guideline criteria have been met. Exam findings document positive carpal tunnel provocative testing over the right wrist in the July and August progress reports; the left wrist exam was reported tender and there was decreased median nerve sensation. Evidence of a reasonable and comprehensive non-operative treatment protocol trial and failure has been submitted. The medical necessity of a left carpal tunnel release has been established on the basis of the physical exam and failed conservative treatment. Therefore, this request is medically necessary.