

<b>Case Number:</b>	CM14-0164645		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	05/01/2002
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Injured worker is a 56 year old male with a date of injury on 5/1/2002. Records indicate that injured worker has been treated for chronic neck, back, and bilateral upper extremity pain. The injured worker is status post 5 left shoulder surgeries and one right shoulder surgery. Subjective complaints are of pain in the hands and elbows. Physical exam shows weakness, positive Phalen's and Tinel's sign, elbow decreased range of motion, mild thenar muscle atrophy, and tenderness at the elbow. Upper extremity EMG showed mild findings of possible carpal tunnel syndrome. Conservative therapy has consisted of a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Right Carpal Tunnel Release Surgery: Upheld**

**Claims Administrator 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) Indications for Surgery

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand, Carpal Tunnel Release.

**Decision rationale:** The ODG has specific criteria for consideration of carpal tunnel release surgery. These criteria include for severe carpal tunnel syndrome: Muscle atrophy, hand weakness, failure of conservative therapy, and positive electrodiagnostic studies. For mild/moderate carpal tunnel syndrome criteria are: Symptoms (pain/numbness/paresthesia/impaired dexterity), requiring TWO of the following: Abnormal Katz hand diagram scores, Nocturnal symptoms, and a Flick sign (shaking hand). Also, initial conservative treatment, requiring failure of three of the following: Activity modification  $\geq$  1 month, Night wrist splint  $\geq$  1 month, Nonprescription analgesia, Home exercise training (provided by physician, healthcare provider or therapist), or successful initial outcome from corticosteroid injection trial. For this injured worker, submitted documentation does not identify nocturnal symptoms, or an abnormal Katz diagram. Furthermore, documentation only shows conservative treatment of a home exercise program. Therefore, the request for carpal tunnel release surgery is not consistent with guideline criteria, and the medical necessity is not established. The request for Right Carpal Tunnel Release Surgery is not medically necessary.

**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 cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.