

<b>Case Number:</b>	CM14-0179746		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	07/03/2014
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Orthopaedic 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 53-year-old female office clerk sustained an industrial injury on 7/3/14. The mechanism of injury was not documented. Past medical history was positive for peptic ulcer disease. Past surgical history was positive for bilateral shoulder surgeries, left open carpal tunnel release in 1997, and right carpal tunnel releases in 2001 and 2004. X-rays of the left wrist on 7/29/13 revealed moderate degenerative changes at the first carpometacarpal joint. The 8/8/14 EMG/NCV findings were reported within normal limits. The initial hand surgery evaluation on 8/22/14 cited an onset of bilateral wrist pain 8-9 months prior with worsening over the past 2 to 3 months. She had tried oral anti-inflammatories and splinting but remained symptomatic. Physical exam documented mildly positive Tinel's and Durkin signs on the left. She was given a corticosteroid injection in the left carpal tunnel. A second hand surgeon evaluation on 10/1/14 cited three weeks of reduced left hand symptoms following the corticosteroid injection without resolution. Physical exam documented diminished light touch sensation in the left index and long fingers and positive Tinel's, Phalen's, and compression tests. Thenar flattening was present. Normal electrodiagnostic studies were noted, with the exception of mildly prolonged right median motor distal latency and borderline right median-radial sensory latency difference. The impression was carpal tunnel syndrome, left greater than right. Conservative treatment had included splinting, anti-inflammatory medications, work restrictions, and steroid injections. The treating physician opined the she had clinical symptoms of carpal tunnel syndrome that would not likely improve with further medial management. Authorization was requested for left open carpal tunnel release, median nerve neuroplasty, hypothenar fat transposition, and Axogen allograft nerve wrap. The 10/13/14 utilization review denied the request for left carpal tunnel release as electrodiagnostic studies were normal.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left open carpal tunnel release, median nerve neuroplasty, hypothenar fat transposition and axogen allograft nerve wrap:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**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), Collagen implant (for CTR)

**Decision rationale:** The California Medical Treatment Utilization Schedule (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 (ODG) 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. The ODG indicates that collagen nerve wraps are under study with no quality published studies. Guideline criteria have not been met. This patient presents with clinical exam findings consistent with bilateral carpal tunnel syndrome but electrodiagnostic studies are within normal limits on the left side. There is no compelling rationale presented to support the medical necessity of an Axogen allograft nerve wrap in the absence of guideline or peer-reviewed support. Therefore, this request is not medically necessary.