

<b>Case Number:</b>	CM14-0023583		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	06/04/1995
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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:

The patient is a 77-year-old male who has filed a claim for recurrent carpal tunnel syndrome of the left wrist associated with an industrial injury date of June 04, 1995. Review of the progress notes indicates increasing numbness and tingling of the left hand. The right hand is doing well. Findings include positive Tinel's at the wrist, positive Phalen's, and positive Durkin's signs. Electrodiagnostic study dated August 27, 2013 showed moderate to severe carpal tunnel syndrome, bilaterally. Patient also experiences chronic low back pain due to degenerative spondylosis, cognitive dysfunction, and chronic left knee pain. Treatment to date has included NSAIDs, opioids, gabapentin, Voltaren gel, a functional restoration program, and carpal tunnel release of both wrists (five years ago for the left, and in November 2013 for the right).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **REVISION OF OPEN CARPAL TUNNEL RELEASE WITH HYPOTHENAR FLAP OF LEFT WRIST: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270,273.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** According to the Official Disability Guidelines, carpal tunnel release surgery is recommended after an accurate diagnosis of moderate to severe carpal tunnel syndrome. For severe carpal tunnel syndrome, indications include muscle atrophy and severe weakness of the thenar muscles, two-point discrimination test > 6 mm, and positive electrodiagnostic testing. For other cases, indications include nocturnal symptoms, flick sign, abnormal Katz hand diagram scores; at least two of the following: compression test, Semmes-Weinstein monofilament test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, or mild thenar weakness; initial conservative treatment; and at least 3 of the following: activity modification > 1 month, night wrist splinting > 1 month, analgesic medications, home exercise training, or successful outcome from corticosteroid injection trial; and positive electrodiagnostic testing. In this case, the patient had previous carpal tunnel release on the left five years ago. There is no documentation regarding the post-operative treatment course. The patient currently complains of increasing symptoms in the left hand, with findings suggestive of median nerve entrapment. However, there is no documentation of muscle atrophy, weakness of the thenar muscles, or failure of all conservative management strategies in this patient. As such, the request is not medically necessary.

**EKG:** 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.

**ASSISTANT SURGEON:** 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.