

<b>Case Number:</b>	CM14-0026148		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/02/2013
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 General Surgery and is licensed to practice in Texas. 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 injured worker is a 59-year-old female who reported an injury on 07/02/2013. The diagnosis was mononeuritis of upper limb and mononeuritis complex. The mechanism of injury was the injured worker got her right forearm caught between an electronic gate and a metal post. It was indicated the injured worker was treated with x-rays, medications, a brace, anti-inflammatory medications, and physical therapy. The injured worker underwent an EMG/NCV on 10/15/2013 which revealed the injured worker had mild right median neuropathy at the wrist carpal tunnel syndrome. It also was indicated the injured worker was using a brace at night. The documentation of 01/21/2014 revealed the injured worker had complaints of pain in the right wrist with limited mobility. Physical examination revealed the injured worker had tenderness to palpation over the volar aspect and the injured worker was able to make a fist. The diagnoses included right wrist with mild median neuropathy at the wrist carpal tunnel syndrome per EMG, and right wrist sprain/strain. The treatment plan included a right carpal tunnel release, preoperative labs, and postoperative physical therapy of 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CARPAL TUNNEL RELEASE:** Upheld

**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): 270-271.

**Decision rationale:** The ACOEM Guidelines indicate for carpal tunnel release, carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. The clinical documentation submitted for review indicated the injured worker had been treated with a brace and physical therapy. However, there was a lack of documentation indicating the injured worker had objective positive findings on clinical examination. The EMG revealed mild carpal tunnel syndrome on the right wrist. In addition, the request as submitted failed to indicate the side to be treated with the carpal tunnel surgery. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for carpal tunnel release is not medically necessary.

**POST-OPERATIVE OCCUPATIONAL THERAPY:** 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.

**POST-OPERATIVE OFFICE VISIT:** 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.

**PRE-OPERATIVE LABS:** 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.