

<b>Case Number:</b>	CM14-0030486		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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, has a subspecialty in Hand 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 56-year-old male who reported an injury on 10/18/2012. The mechanism of injury was not specifically stated. Current diagnoses include chronic intractable axial neck pain, rule out cervical instability, chronic lower back pain, rule out lumbar instability, severe right carpal tunnel syndrome, and severe left hand numbness and tingling. The injured worker was evaluated on 01/02/2014 with complaints of pain, numbness, and tingling in the bilateral hands. Physical examination revealed positive Tinel's testing bilaterally, 5/5 motor strength, and intact sensation. Treatment recommendations at that time included carpal tunnel release surgery on the right, followed by the left. It is noted that the injured worker underwent electrodiagnostic studies on 04/25/2013 which indicated mild to severe carpal tunnel syndrome on the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carpal tunnel release surgery of the Left hand only QTY: 1.00:** 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): 270-271.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management including worksite modifications, and have clear clinical and special study evidence of a lesion. Carpal tunnel syndrome must be proved by positive findings on clinical examination and supported by nerve conduction studies. As per the documentation submitted, the injured worker does maintain electrodiagnostic evidence of carpal tunnel syndrome on the left. However, there is no mention of an exhaustion of conservative treatment prior to the request for a surgical procedure. Therefore, the injured worker does not currently meet criteria as outlined by the California MTUS/ACOEM Practice Guidelines for the requested procedure. As such, the request is not medically necessary and appropriate.