

<b>Case Number:</b>	CM14-0036040		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	12/06/2011
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 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 claimant is a 28-year-old female who injured her left wrist on 12/06/11 when she was cleaning cash registers. On 07/13/12, an electrodiagnostic study revealed moderate median neuropathy of the left carpal tunnel. Conservative treatment has included immobilization, splinting, a carpal tunnel injection, and medications. The assessment on 02/13/14 documented the claimant's diagnosis as left wrist sprain with complaints of numbness and tingling in a median nerve distribution. Physical examination showed positive Tinel's, Phalen's, and Durkan's testing, tenderness over the right lateral epicondyle and pain with finger extension. Recommendations at that time based on the claimant's failed conservative care were for a carpal tunnel release procedure and flexor tenosynovectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Median Nerve Neuroplasty at the wrist, along with flexor tenosynovectomy of the carpal canal and surgeon administered analgesia with injection of narcotics and anesthetics into wound and surgical incision region for post-operative pain relief: 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): 271, 265.

**Decision rationale:** Based on the California MTUS ACOEM Guidelines, the request of concordant surgery to include a left median neuroplasty at the wrist and flexor tenosynovectomy would not be indicated. ACOEM Guidelines recommend documentation of prior injections to a tendon sheath prior to surgery. There is no documentation to confirm that the claimant has received the benefit of an injection and failed to improve. While this individual's clinical examination is consistent with carpal tunnel syndrome, the role of the dual surgical processes would not be supported as medically necessary.ia ACOEM Guidelines, the request of concordant surgery to include a left median neuroplasty at the wrist and flexor tenosynovectomy would not be indicated. ACOEM Guidelines recommend documentation of prior injections to a tendon sheath prior to surgery. There is no documentation to confirm that the claimant has received the benefit of an injection and failed to improve. While this individual's clinical examination is consistent with carpal tunnel syndrome the role of the dual surgical processes would not be supported as medically necessary.

**Purchase intraoperatively volar splint:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS: American College of Occupational and Environmental Medicine (ACOEM), Chapter: 11: Forearm, Hand and Wrist; and Official Disability Guidelines (ODG) Treatment in Worker's Comp, Carpal Tunnel Procedure, Splinting.

**Decision rationale:** The proposed surgery is not recommended as medically necessary. Therefore, the request for purchase of a splint is not medically necessary.

**6 post-operative occupational therapy visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The proposed surgery is not medically necessary. Therefore, the request for postoperative physical therapy is not medically necessary.