

<b>Case Number:</b>	CM14-0037070		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/19/2006
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Georgia and 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 58-year-old male who reported an injury on 09/16/2006 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his bilateral wrists and hands. The injured worker's treatment history included carpal tunnel release in 2006 and right trigger thumb release in 2009 followed by acupuncture, chiropractic care, corticosteroid injections, medications and physical therapy. The injured worker underwent electrodiagnostic study on 01/28/2014 that documented there was evidence of moderate bilateral carpal tunnel syndrome and bilateral ulnar sensory mononeuropathy, right radial sensory mononeuropathy and C7 radiculopathy. The injured worker was evaluated on 01/30/2014. It was documented that the injured worker reported worsening symptoms of the bilateral wrists. The objective clinical findings include a negative Tinel's sign bilaterally with full range of motion of the bilateral wrists and decreased strength of the left hand rated at a 4/5. The injured worker's diagnosis include carpal tunnel syndrome. The injured worker's treatment plan includes surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carpal Tunnel Release and 3rd and 4th Digit A1 Pulley Excisions:** 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:** The ACOEM Guidelines recommend surgical intervention for the hands, wrists, and forearms be supported by significant functional deficits identified on a physical examination corroborated by an electrodiagnostic study that has failed to respond to conservative treatment. The clinical documentation does indicate that the injured worker has undergone significant conservative treatment. Additionally, an electrodiagnostic study was provided that indicated the injured worker had bilateral carpal tunnel syndrome described as moderate. However, the injured worker's most recent clinical evaluation did not identify significant functional deficits to support the diagnosis of carpal tunnel syndrome. The injured worker had normal range of motion of the hands and wrists with a negative Tinel's sign. Furthermore, the request as it is submitted does not specifically identify which hand surgical intervention will be directed to. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested Carpal Tunnel Release and 3rd and 4th digit A1 pulley Excisions is not medically necessary.

**Post Operative Physical Therapy Right 12 Sessions:** Upheld

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

**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 necessary.

**H&P pre-op for right carpal tunnel release:** Upheld

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

**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 necessary.