

<b>Case Number:</b>	CM14-0038144		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	04/28/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Surgeon and is licensed to practice in Texas and Georgia. 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 46-year-old female who reported an injury on 04/28/2012. The mechanism of injury was not stated. Current diagnoses include wrist joint pain and bilateral shoulder joint pain. The injured worker was evaluated on 02/25/2014. The physical examination was deferred at that time. Treatment recommendations included a right carpal tunnel release. A request for authorization form was then submitted on 02/26/2014 for a carpal tunnel release. It is noted that the injured worker underwent electrodiagnostic studies on 06/25/2012, which indicated mild bilateral carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carpal tunnel surgery:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**Decision rationale:** The California MTUS ACOEM Practice Guidelines state referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management, and who have clear clinical and special study evidence of

a lesion. Carpal tunnel syndrome must be proved by positive findings on examination and supported by nerve conduction studies. As per the documentation submitted, the injured worker does maintain electrodiagnostic evidence of mild carpal tunnel syndrome bilaterally. However, there was no mention of an exhaustion of conservative treatment. It is also not specified in the current request whether the carpal tunnel release will address the left or right upper extremity. Based on the clinical information received, the request is not medically necessary.