

<b>Case Number:</b>	CM14-0042386		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	06/18/2003
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Orthopaedic Surgery and is licensed to practice in 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:

This 65-year-old male sustained an industrial injury on 6/18/03, lifting heavy objects and roto hammering. Past medical history was positive for cervical spine and shoulder surgery. The 4/10/13 electrodiagnostic study documented evidence of severe bilateral carpal tunnel syndrome. Conservative treatment for carpal tunnel syndrome included wrist splints, anti-inflammatory medications, and activity restrictions. Records documented mild thenar atrophy. The 2/12/14 EMG/nerve conduction study findings were consistent with median entrapment neuropathy at the wrists bilaterally. The 2/13/14 treating physician report cited bilateral hand symptoms with positive Phalen's and median nerve compression test. Recent EMG verified moderate carpal tunnel syndrome. Sensory and motor clinical exam was consistent with electrodiagnostic findings of moderate carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Wrist Carpal Tunnel Release:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, Carpal tunnel release surgery (CTR).

**Decision rationale:** The ODG recommend carpal tunnel release surgery after an accurate diagnosis of moderate or severe carpal tunnel syndrome. Surgery is not generally initially indicated for mild carpal tunnel syndrome, unless symptoms persist after conservative treatment. The guideline criteria have been met. The clinical exam findings are reported consistent with electrodiagnostic evidence of moderate carpal tunnel syndrome. Prior guideline-recommended conservative treatment is documented. Therefore, this request for right wrist carpal tunnel release is medically necessary.