

<b>Case Number:</b>	CM14-0055849		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 54-year-old female clerk sustained an industrial injury on 10/1/13. The 10/18/12 bilateral upper extremity nerve conduction study revealed right moderate and left mild carpal tunnel syndrome. The patient had a 5-year history of carpal tunnel syndrome symptoms with positive provocative exam. The 5/16/13 bilateral hand x-rays revealed mild osteoarthritis joint spurs, left more than right, distal interphalangeal and carpometacarpal joints. Symptoms had persisted despite conservative treatment for years. She underwent left carpal tunnel release on 1/21/14 with good benefit and no numbness or night awakening. She tripped and fell onto her post-op left palm on 2/1/14 with continued palm pain. The 4/7/14 treating physician progress report cited more right hand pain and numbness. Pain was waking her every night. There was right hand tingling, thumb to radial finger. There was positive Tinel's, wrist flexion, and compression testing with finger numbness and tingling. Positive nerve conduction testing was noted. The patient wished to proceed with right carpal tunnel release. The 4/10/14 utilization review denied the request for right carpal tunnel release based on an absence of a Katz diagram score or flick sign, consistent with guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Carpal Tunnel Release:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Carpal Tunnel Syndrome (Acute and Chronic).

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

**Decision rationale:** The ACOEM guidelines state that patients must have both clinical and electrodiagnostic testing evidence of carpal tunnel syndrome prior to carpal tunnel release surgery. There must be a failure of conservative care. Either endoscopic or open releases are acceptable. Guideline criteria have been met. This patient has had carpal tunnel syndrome symptoms for years with positive provocative testing corroborated by nerve conduction study. Conservative treatment has been tried and has failed. Therefore, this request for right carpal tunnel release is medically necessary.