

<b>Case Number:</b>	CM14-0062482		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/30/2007
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Orthopedics, 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:

Claimant with reported industrial injury of 9/30/07. Exam note 09/10/13 states that the claimant has complaints in the neck, upper back, bilateral shoulders, mid back, bilateral arms, low back and bilateral knees. The claimant continues to work with usual and customary duties. The claimant currently has complaints referable to the neck, upper back, and bilateral shoulders, mid back, bilateral arms, low back, and bilateral knees. The claimant has intermittent numbing pain in the bilateral arms, radiating to the bilateral hands. Examination of the wrists and hands shows a pattern of classic carpal tunnel of both hands on Katz Hand Diagram. The provider recommends an anti-inflammatory medication, Motrin 800mg and physical therapy. Exam note 11/26/13 states that the claimant is going to therapy which is helping. The claimant reports bilateral knee pain, temporarily relieved with stretching. The claimant complains of bilateral hand numbness and tingling in all fingers that increase at night and is associated with occasional weakness and dropping things at random. Examination shows a classic carpal tunnel syndrome pattern of both hands on the Katz Hand Diagram. Consideration is given to cortisone injection on the next visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right carpal tunnel release, endoscopic versus open:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. 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.

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to evaluate for carpal tunnel and stratifies success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case there is lack of evidence in the records from 11/26/13 of electrodiagnostic evidence of carpal tunnel syndrome. In addition, there is lack of evidence of failed bracing or injections in the records. Therefore the determination is not medically necessary.