

<b>Case Number:</b>	CM14-0063609		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/12/2009
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 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 57-year-old male truck driver/laborer sustained an industrial injury on 6/12/09. Injury occurred when the patient was yanked by a chain while pulling to secure a load. Past medical history was positive for diabetes mellitus and myocardial infarction. The patient is a 40-year, one pack per day smoker. Past surgical history was positive for right shoulder rotator cuff repair. The patient was status post left shoulder arthroscopic subacromial decompression with distal clavicle resection and biceps tenotomy on 11/15/12. The 8/23/12 bilateral upper extremity EMG/nerve conduction studies documented findings consistent with mild bilateral carpal tunnel syndrome. Records indicated a onset of carpal tunnel syndrome symptoms in 2009 with treatment limited to activity modification and an injection. The 11//4/13 hand consult report cited constant numbness in all digits of the right hand and frequent dropping of items. Any right hand use resulted in further increase in the numbness and tingling. Shaking the hand was the only way he was able to alleviate some of the numbness and tingling. Right dorsal web space pain was reported at rest grade 3-4/10, and increased to 8-9/10 with pinching and grasping. Physical exam documented bilateral first dorsal interossei wasting or atrophy, right greater than left. There was positive Tinel's over the median nerve at the right carpal tunnel and ulnar nerve at the cubital tunnel. Positive volar wrist flexion/compression test was noted on the right at 5 seconds. Two-point discrimination was 6 mm in the median distribution and 5 mm in the ulnar distribution. The treatment plan recommended night splinting. Anti-inflammatory and pain medication use was noted. The 4/23/14 utilization review denied the request for right carpal tunnel release based on a lack of documentation that the patient had attempted and failed conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Right Carpal Tunnel Release:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, Carpal tunnel release surgery (CTR).

**Decision rationale:** The ACOEM guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. The Official Disability Guidelines for carpal tunnel release typically require symptoms and exam findings consistent with carpal tunnel syndrome, and initial conservative treatment including three of the following: activity modification, night wrist splint, non-prescription analgesia, home exercise training, and/or successful corticosteroid injection trial. Positive electrodiagnostic evidence of carpal tunnel syndrome is required. Guideline criteria have been met. This patient presents with electrodiagnostic evidence of carpal tunnel syndrome, consistent with subjective and objective clinical exam findings. The patient has failed guideline-recommended conservative treatment including night splinting, injection, activity modification, and medications. Therefore, this request for out-patient right carpal tunnel release is medically necessary.