

<b>Case Number:</b>	CM14-0064361		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/20/2012
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 Texas. 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 57-year-old female who reported an injury on 12/20/2012. The mechanism of injury was not provided. The injured worker underwent a nerve conduction study on 02/18/2013 which revealed the injured worker had right carpal tunnel syndrome that was mild. The documentation of 03/26/2014 revealed the injured worker had pain at the wrist. The note was handwritten and difficult to read and mostly illegible. The treatment plan included a right carpal tunnel release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neuroplasty and/or Transposition, Median:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 270, 273.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**Decision rationale:** The ACOEM Guidelines indicate that a referral for a hand surgery consultation may be appropriate for injured workers who have red flags of a serious nature, a failure to respond to conservative management and have clear clinical and special study evidence of a lesion that has been shown to benefit in both the long and short term from surgical

intervention. Carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. The clinical documentation submitted for review indicated the injured worker underwent a nerve conduction study on 02/18/2013 which revealed right carpal tunnel syndrome mild. However, there was lack of documentation of a clear clinical examination to support the necessity and there was a lack of documentation of prior conservative care. Given the above, the request for neuroplasty and/or transposition median is not medically necessary.