

<b>Case Number:</b>	CM14-0064387		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/16/2014
<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 Surgeon and is licensed to practice in Georgia and 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 41-year-old female who reported an injury on 08/01/2012 due to repetitive motion while performing normal job duties. The injured worker reportedly sustained an injury to her bilateral upper extremities. The injured worker's treatment history included medications, splinting, physical therapy, and right carpal tunnel release on 02/22/2013. The injured worker was evaluated on 03/19/2014. It was documented that the patient's carpal tunnel release was considered unsuccessful as the patient had continued numbness and tingling in the median nerve distribution. It was noted that the patient had a negative nerve conduction study which was considered normal in light of the injured worker's postsurgical status. Physical findings included tenderness along the median nerve with a positive Tinel's sign and questionable Phalen's test. It was noted that the patient had hypoesthesia with an 8 mm 2-point discrimination. The injured worker's treatment plan included right carpal tunnel release with A1 pulley of the right thumb under local anesthesia as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Carpal Tunnel release:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Carpal Tunnel Release.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**Decision rationale:** The requested right carpal tunnel release is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends carpal tunnel release for patients who have clear clinical findings of carpal tunnel syndrome supported by an electrodiagnostic study that has failed to respond to all conservative measures. The clinical documentation submitted for review does indicate that the injured worker underwent surgical intervention and has continued pain and numbness complaints related to the median nerve. It is noted within the documentation that the patient underwent a nerve conduction study that was negative for carpal tunnel syndrome. Although this is considered normal with patients that have already undergone right carpal tunnel release, surgical intervention cannot be considered without that report. The injured worker's objective findings included a positive Tinel's sign; however, only a questionable Phalen's sign and the patient had an 8 mm 2-point discrimination test. This is not indicative of moderate to severe symptoms that would require surgical intervention. Additionally, as there is no electrodiagnostic study or other diagnostic studies to support the need for additional surgery, right carpal tunnel release would not be supported at this time. As such, the requested right carpal tunnel release is not medically necessary or appropriate.

**Physical Therapy #12 sessions:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**splint:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.