

<b>Case Number:</b>	CM14-0064891		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/21/2014
<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 Hand 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 51-year-old female who reported an injury on 05/30/2013 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her bilateral upper extremities, left trigger finger releases in the index and ring finger, de Quervain's surgery and right carpal tunnel release in 07/2013. The injured worker was treated conservatively with activity modifications, stretching of the wrist and hands and icing and anti-inflammatory medications. It was also noted that the injured worker used an age-wave device. The injured worker was evaluated on 03/31/2014. Physical findings included tenderness to the A1 pulley nodule with obvious triggering and positive carpal tunnel compression with a positive Tinel's sign. The injured worker's diagnoses included left trigger thumb status post corticosteroid injections x2 and carpal tunnel syndrome. Surgical intervention was recommended. The injured worker underwent electrodiagnostic study on 11/15/2013 that documented the injured worker had evidence of mild bilateral carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carpal Tunnel Release:** Upheld

**Claims Administrator 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 for Carpal Tunnel Syndrome regarding Carpal Tunnel Release (CTR).

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

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends carpal tunnel release for patients who have significant examination findings that have failed to respond to conservative treatment and are supported by an electrodiagnostic study. The clinical documentation does indicate that the patient has an electrodiagnostic study that concluded there was mild bilateral carpal tunnel syndrome. The injured worker has had persistent left-sided symptoms that have failed to respond to physical therapy, exercise, activity modifications, and anti-inflammatory medications. The clinical documentation also does indicate that the patient has a positive Tinel's and positive Phalen's sign. Therefore, surgical intervention would be supported for this endless clinical situation. However, the request as it is submitted does not identify the appropriate side for the requested surgery. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request of Carpal Tunnel Release is not medically necessary and appropriate.