

<b>Case Number:</b>	CM14-0065702		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/29/2010
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 is a 42 year old female with a 3/29/10 injury date. The mechanism of injury was not provided. In a follow-up on 4/1/14, subjective complaints included temporary relief after cortisone injection, and return of pain and numbness in her right wrist/hand. Objective findings included positive Tinel's sign at the right median nerve, wrist level, and positive Phalen's sign on the right wrist. There is reference to the patient having "positive electrodiagnostic studies in the past." Diagnostic impression: right carpal tunnel syndrome. Treatment to date: right wrist cortisone injection, NSAIDs, wrist splinting. A UR decision on 4/25/14 denied the request for right carpal tunnel release on the basis that there was no documentation of electrodiagnostic studies to confirm the diagnosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Carpal Tunnel release:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Carpal Tunnel Syndrome Chapter

**Decision rationale:** CA MTUS criteria for carpal tunnel release include failure of non-operative treatment or severe symptoms such as continuous tingling and numbness; most patients should have had at least 1 glucocorticosteroid injection; and patients who do not have a glucocorticosteroid injection that results in at least partial benefit should have an electrodiagnostic study (EDS) consistent with CTS. In the present case, the patient has tried the following conservative treatment measures without success: cortisone injection, NSAIDs, and night splinting. The patient has positive objective signs on physical exam. Although the EMG report is not provided, there is reference to the patient having an abnormal EMG in the past, and guidelines state that an EMG is not mandatory if a prior cortisone injection provided at least partial relief and other criteria are fulfilled. Thus, the patient appears to meet the necessary criteria for carpal tunnel release. Therefore, the request for right carpal tunnel release is medically necessary.