

<b>Case Number:</b>	CM14-0069570		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	10/21/2011
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 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 60-year-old male landscaper sustained an industrial injury on 10/21/11. Injury occurred due to repetitive carrying heavy buckets of landscaping bark. Past surgical history was positive for right shoulder arthroscopic repair of a SLAP lesion. The 4/3/14 electrodiagnostic testing report documented findings consistent with moderate right carpal tunnel syndrome. The 4/9/11 orthopedic report cited continued right shoulder pain radiating, along with a feeling of some numbness, to the fingers of the hand on that side. Physical exam documented grip strength 75 pounds with full effort on the left, and 20 pounds on the right, but not felt to be full effort. Right upper extremity diminished sensation 2nd and 3rd digits with positive Phalen's and negative Tinel's. The 4/11/14 treating physician report cited complaints of stabbing right shoulder pain and fingertip pain, with numbness running down his arm to the finger tips. The patient reported he could not do much with the hand and any general use of the right arm aggravates the pain. Physical exam documented minimal right shoulder flexion and abduction at 45 degrees and pain over the right wrist median nerve. EMG nerve conduction study demonstrated findings consistent with moderate right carpal tunnel syndrome. The treatment plan recommended right carpal tunnel release. The 5/6/14 utilization review denied the request for right carpal tunnel release as there were no exam findings, including carpal compression tests, sensation, thenar eminence and motor.

### 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:** Decision based on MTUS ACOEM.

**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 California MTUS 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. Criteria include failure to respond to conservative management, including worksite modification. The Official Disability Guidelines provide clinical indications for carpal tunnel release that include specific symptoms (abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick Sign), physical exam findings (compression test, monofilament test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness), conservative treatment (activity modification, night wrist splint, non-prescription analgesia, home exercise training), successful corticosteroid injection trial, and positive electrodiagnostic testing. Guideline criteria have not been met. There is limited clinical exam evidence of carpal tunnel syndrome. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.