

<b>Case Number:</b>	CM14-0070087		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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, Hand Surgery and is licensed to practice in Texas and Georgia. 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 30-year-old female who reported an injury on 05/14/2012. The mechanism of injury was not provided. On 01/16/2014, the injured worker presented with right shoulder and hand pain. Upon examination of the right wrist, there was a well-healed incision. There was thickening of the scar tissue with sensitivity. There was tenderness over the thenar eminence with improved range of motion and decreased grip strength. Diagnoses were right hand carpal tunnel syndrome, status post release on 11/12/2013 with some weakness, left hand carpal tunnel syndrome by clinical examination with negative electrodiagnostic studies, cervical spine 1 mm to 2 mm osteophyte at C4-5 without spinal stenosis or neural foraminal narrowing with radiation to the left shoulder and elbow with negative electrodiagnostic studies, bilateral elbow medial epicondylitis, bilateral shoulder mild impingement mostly radiating from the cervical spine, and history of depressive disorder. There were no diagnostic or imaging studies provided. Prior treatment included surgery and medications. The provider recommended a carpal tunnel surgery. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carpal Tunnel Surgery:** Upheld

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

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

**Decision rationale:** According to the California MTUS/ACOEM Guidelines, surgical decompression of the median nerve usually relieves carpal tunnel syndrome symptoms. High quality scientific evidence shows success in the majority of the injured workers with an electrodiagnostically-confirmed diagnosis of carpal tunnel syndrome. Surgical considerations depend on confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks, and benefits, and especially expectations, is very important. If there is no clear indication for surgery, referring the injured worker to a physical medicine practitioner may aid in formulating a treatment plan. The injured worker must have had red flags of a serious nature needing to be addressed, failure to respond to conservative treatment, including medication and physical medicine, and clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. There is a lack of documentation of other treatments the injured worker completed, as well as the efficacy of prior treatments. The physical examination findings revealed tenderness over the thenar eminence with improved range of motion and decreased grip strength. There was a lack of physical examination findings of a positive Tinel's or a positive Phalen's that would be indicative of carpal tunnel syndrome. There are no electrodiagnostic studies that would support the diagnosis of carpal tunnel syndrome included in the medical documents for review, and it was noted that electrodiagnostic studies had been negative. Additionally, the submitted request does not indicate whether the carpal tunnel surgery is being recommended for the right or left wrist. As such, medical necessity has not been established. The request is therefore not medically necessary.