

<b>Case Number:</b>	CM14-0082321		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	10/07/2010
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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:

The claimant is a 52 year old with industrial injury date of 10/7/2010. The nerve conduction velocity testing on 6/18/13 of the upper extremity demonstrates positive sensory deficit in the left median nerve at the carpal tunnel. The claimant is status post left carpal tunnel release on 12/11/13. Clinic note from 4/21/14 demonstrates complaint of pain in the left index, thumb and middle fingers on the left. Point tenderness is noted about the volar wrist and hand. Report is made of Electromyogram (EMG) documenting persistent carpal tunnel syndrome and is not available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left carpal tunnel release:** 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.

**Decision rationale:** Per the California MTUS/ACOEM guidelines, 2nd Edition, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to evaluate for carpal tunnel and stratifies success in carpal tunnel release. In addition, the guidelines

recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case there is lack of evidence in the records from 4/21/14 of repeat electrodiagnostic evidence of carpal tunnel syndrome. Therefore the determination is not medically necessary.

**Vicodin ES #60:** Upheld

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

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

**Decision rationale:** As the requested surgical procedure is not medically necessary, the determination is not medically necessary for Vicodin ES #60 following surgery.

**Post-operative physical therapy, twelve (12) sessions:** Upheld

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

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

**Decision rationale:** As the requested surgical procedure is not medically necessary, the determination is not medically necessary for postoperative physical therapy x 12 visits.