

<b>Case Number:</b>	CM13-0011737		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	07/06/2012
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### 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 Plastic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Maryland. 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 patient is a 60 year old male (at the date of the request) with a reported date of injury on 7/6/12 who requested authorization for right carpal tunnel release. Qualified medical examination dated 3/7/13 notes that the patient has pain of the cervical spine that radiates to the right hand. There is numbness of the right palm and all fingers. Examination noted negative Tinel's over the median and ulnar nerves bilaterally. There was decreased sensation over the volar right hand. Diagnostic impression includes rule out right carpal tunnel syndrome. Electrodiagnostic studies dated 5/23/13 are stated to show mild right carpal tunnel syndrome without evidence of cervical radiculopathy. Documentation from 7/16/13 notes the patient continues to complain of right hand numbness and tingling that is aggravated at night. He is interested in surgery as he has had one previous cortisone injection to the right carpal tunnel about two years ago without any benefit. Other conservative management included acupuncture and medical management. Examination notes tender to palpation carpal tunnel and thenar eminence, with positive Tinel's and Phalen's. Treatment plan states, 'release, as patient failed conservative treatment, cortisone injection to right carpal tunnel did not help with symptoms and positive EMG/NCV findings of moderate right carpal tunnel syndrome.' Acupuncture treatment is also recommended. Qualified medical examination dated 9/13/13 notes a diagnosis impression of right carpal tunnel syndrome supported by electrodiagnostic studies. Right carpal tunnel surgery should be considered reasonable or necessary. UR review dated 8/8/13 did not approve right carpal tunnel release, stating that there is no documentation of a trial and failure of recent comprehensive non-operative treatment of night splints, therapy or medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right carpal tunnel release, pre operative clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, 11, 270

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** The patient is a 60 year old male with signs and symptoms of possible right carpal tunnel syndrome. The patient has satisfied some of the requirements for surgical treatment. However, there is no evidence that the patient has undergone splinting/bracing as recommended by ACOEM. From ACOEM Chapter 11 page 272, Table 11-7, the following is recommended: injection of corticosteroids into carpal tunnel in mild or moderate cases of CTS after trial of splinting and medication (C). The patient is noted to have undergone a steroid injection, but no trial of splinting was documented by the requesting surgeon. The patient is stated to have undergone medical management, but specific detail is lacking. A previous steroid injection was stated to have been performed, but this was over 2 years ago and further specifics are lacking. Overall, without clear failure from recommended conservative management and without evidence of severe carpal tunnel syndrome, carpal tunnel release in this patient should not be considered medically necessary.

**Post operative physical therapy 3 x4 right hand:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Since the primary procedure is not med necessary, none of the associated services are medically necessary.