

<b>Case Number:</b>	CM14-0187949		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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, Surgery of the Hand and is licensed to practice in Hawaii, Washington and 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 injured worker is a 57-year-old female who reported an injury on 03/01/2013. The mechanism of injury was listed as cumulative trauma. The injured worker's diagnosis was listed as carpal tunnel syndrome. Current medications were noted to include levothyroxine, tramadol, Norco, and lidocaine patches. Official diagnostic studies were not provided within the submitted medical records. The injured worker's surgical history includes a De Quervain's release on 02/28/2014. The clinical visit on 10/01/2014 documented the patient was complaining pain in the right hand, rated 5/10. The physical examination noted the patient had tenderness along the incision from the De Quervain's release. There was no skin hypersensitivity. The right thumb, index, and long fingers had profound hypesthesia, with a positive Tinel's sign. Other therapies were noted to include physical therapy and Spica splinting. A Request for Authorization was documented as being submitted on 10/10/2014.

### 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 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:** The request for right carpal tunnel release is not supported by the guidelines. The California MTUS/ACOEM Guidelines state that surgical decompression of the median nerve usually relieves carpal tunnel syndrome. The guidelines then go on to state that carpal tunnel syndrome must be proved by positive findings on clinical examination, and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Despite the injured worker having positive objective findings, there was a lack of official electrodiagnostic studies to confirm the diagnosis of carpal tunnel syndrome. Therefore, there is a lack of confirmatory electrodiagnostic studies for the surgical procedure. As such, the request is not medically necessary.

**Associated surgical service: Pain Management consultation and follow-up:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 306.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic), Office visits.

**Decision rationale:** The request for pain management consultation and followup is not medically necessary. The Official Disability Guidelines state that office visits are recommended as determined to be medically necessary. Evaluation and management of outpatient visits to offices of medical doctors play a critical role in proper diagnosis and return to function of an injured worker, and they should be encouraged. There was no documentation of the injured worker's previous pain management appointment, along with a treatment plan and results from the visit. Therefore, the request for pain management consultation and followup is not medically necessary.