

<b>Case Number:</b>	CM14-0192066		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	03/05/2013
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Hand Surgery, and is licensed to practice in Texas. 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 37-year-old female who reported an injury on 03/05/2013 due to an unspecified mechanism of injury. On 10/08/2014, she reported bilateral shoulder pain, bilateral wrist and hand pain, cervical spine pain, and low back pain. She also reported numbness and tingling in the bilateral legs and hands rated at 9/10 on the VA pain scale. A physical examination of the right hand showed flexion of 45 degrees, extension of 45 degrees, radial deviation at 15 degrees, and ulnar deviation at 20 degrees. There was a positive Tinel's and Phalen's test over the carpal tunnel region. There was abnormal 2 point discrimination over the median nerve distribution, greater than 8 mm, and there was tenderness over the TFCC. There was also abnormal grip strength and sensation of the right hand. The injured worker also underwent electrodiagnostic studies on 01/10/2014 which showed entrapment neuropathy of the median nerves at both wrists with mild to moderate slowing of nerve conduction velocity indicating carpal tunnel syndrome. She was diagnosed with a right wrist strain and sprain, a right hand strain and sprain, left hand strain and sprain, right shoulder strain and sprain, lumbar spine strain and sprain, cephalgia, symptoms of anxiety and depression, and cervical spine sprain/strain. Information regarding pertinent surgical history, medications, and past treatments was not provided for review. The treatment plan was for a right carpal tunnel release. The Request for Authorization form and rationale for treatment were not provided for review.

### 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. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The California MTUS/ACOEM Guidelines state that surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. Surgical decompression of the median nerve usually relieves symptoms of carpal tunnel syndrome. Carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction test before surgery is undertaken. The guidelines additionally state that a referral for hand surgery consultation may be indicated for injured workers who fail to respond to conservative treatment. Based on the clinical information submitted for review, the injured worker did have evidence of mild carpal tunnel syndrome on electrodiagnostic studies, as well as the physical examination. However, there is a lack of documentation showing the injured worker had undergone recommended conservative treatment such as splinting or physical therapy to support the request for surgical intervention. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.