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| <b>Case Number:</b>   | CM14-0193728 |                              |            |
| <b>Date Assigned:</b> | 12/01/2014   | <b>Date of Injury:</b>       | 11/10/2013 |
| <b>Decision Date:</b> | 01/14/2015   | <b>UR Denial Date:</b>       | 11/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/19/2014 |

### 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 Plastic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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:

This female has shoulder pain that radiates to her right hand. She was pushing a cart on 11/10/13 and felt a pop. Phalen and Tinel testing are positive. MRI of the shoulder shows supraspinatus tendinosis. She has pain in her shoulder that radiates to her hand. Right Carpal Tunnel Release is planned.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Carpal Tunnel Release Treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The carpal tunnel release is not medically necessary. According to the ACOEM guidelines, Chapter 11, page 270, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical

examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken." The records indicate that the patient's primary complaint is shoulder pain. A recent hand sensory or motor examination is not documented in the records. The results of nerve conduction testing are not documented in the records. The ACOEM guidelines are not met. Therefore, the requested Right Carpal Tunnel Release Treatment is not medically necessary.