

<b>Case Number:</b>	CM14-0201296		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	01/11/2010
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Hand Surgeon, 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 56 year old female with a history of diabetic neuropathy and a reported date of injury on 1/11/10 who requested right open carpal tunnel release revision. She had had previous bilateral carpal tunnel release, left on 3/8/10 and right on 4/19/10. Documentation from 2/4/14 notes the patient feels her numbness is getting worse in both hands. Examination notes normal motor and sensory examination in both hands. She has a positive bilateral Phalen's test and positive Tinel's signs over the carpal tunnels. Recommendation is to repeat electrodiagnostic studies. Electrodiagnostic studies from 3/12/14 show moderately severe bilateral carpal tunnel syndrome without evidence of peripheral neuropathy. Electrodiagnostic studies dated 1/11/10 noted severe bilateral carpal tunnel syndrome. Documentation from 10/22/14 notes the patient is likely to have recurrent carpal tunnel syndrome. Examination notes no thenar atrophy but with bilateral Tinel's and carpal compression test. Thenar strength is 5/5 and bilateral 2 point discrimination is 6 mm. Recommendation is made for right carpal tunnel release. UR dated 11/5/14 did not certify the procedure as 'evidence of weeks-month(s) of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right open carpal tunnel release revision:** 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): 272.

**Decision rationale:** The patient is a 56 year old female with signs and symptoms of a possible recurrent right carpal tunnel syndrome. Electrodiagnostic studies show evidence of a moderate condition and there is no evidence of thenar atrophy to suggest a severe condition. Thus, with some diagnostic question, a reasonable trial of conservative management is prudent. This has not been adequately documented. 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). These recommendations have not been documented. 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. The patient has complicating factors of a previous carpal tunnel release as well as a possible diabetic neuropathy. Thus, carpal tunnel release in this patient should not be considered medically necessary.