

<b>Case Number:</b>	CM14-0040063		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/27/2011
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

### 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 63 year old male who sustained an industrial injury on 10/27/11. The injured worker reported symptoms in the neck, back, right shoulder and bilateral upper extremities. The diagnoses included possible cervical discogenic pain, possible right cervical facet pain, possible cervical strain/sprain, right cervical radicular pain C5-C6, possible lumbar discogenic pain, left lumbosacral radicular pain constant L5-S1, right shoulder pain and impingement, and bilateral carpal tunnel syndrome. Treatments to date include right shoulder subacromial steroid injection, right suprascapular nerve block, home exercise program, cervical epidural injections, oral pain medications, caudal epidural block, left L4-L5 transforaminal block, bilateral wrist steroid injection, physical therapy, acupuncture treatment, heat/ice application, and activity modification. In a progress note dated 2/5/14 the treating provider reports the injured worker was with "mild right cervical facet tenderness...right and left wrist shows the patient has carpal tunnel compression mild positive right, mild positive left...". On 3/31/14 Utilization Review non-certified the request for 1 Right wrist carpal tunnel release, as an outpatient. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Right wrist carpal tunnel release, as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case there is lack of evidence in the records from 2/5/14 of failed bracing or injections in the records to warrant carpal tunnel release. Therefore the determination is for non-certification.