

<b>Case Number:</b>	CM15-0002054		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	09/20/2012
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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, Sports Medicine

### 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 43-year-old male who reported an injury on 09/20/2012. The mechanism of injury was cumulative trauma. Prior treatments included right shoulder surgery. The injured worker underwent nerve conduction studies on 11/06/2014 which revealed moderately involved bilateral carpal tunnel syndrome, slightly worse on the left. There was a Request for Authorization submitted for review, dated 12/12/2014. The physician documentation dated 12/10/2014 revealed the injured worker had positive Tinel's and positive Phalen's tests bilaterally. The diagnoses included bilateral carpal tunnel syndrome and right elbow cubital tunnel syndrome. The treatment plan included staged surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Staged bilateral carpal tunnel syndrome:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 270-271

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264, 270-271.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates that surgical consultations may be appropriate for injured workers who have a failure to respond to conservative management, including work site modifications, and have clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. Initial care for carpal tunnel syndrome includes splinting of the wrist in neutral position at night and day and injections of lidocaine and corticosteroids. The guidelines further indicate that carpal tunnel syndrome should be proven on diagnostic studies and physical examination. The clinical documentation submitted for review indicated the injured worker had objective findings upon nerve conduction studies and had objective findings upon physical examination. However, there was a lack of documentation of an exhaustion of conservative care, including injections, work site modifications, and splinting of the wrist in neutral position day and night. Given the above, the request for staged bilateral carpal tunnel syndrome is not medically necessary.