

<b>Case Number:</b>	CM15-0100137		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	12/11/2013
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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, Indiana, Oregon  
 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 32 year old male, who sustained an industrial injury on 12/11/2013. He initially reported injuring his neck and back after being pinned by a large appliance. The injured worker is currently temporarily disabled. The injured worker is currently diagnosed as having cervical strain, lumbosacral strain, thoracic strain, moderate right carpal tunnel syndrome affecting sensory and motor components with mild acute denervation per electromyography, bilateral S1 radiculopathy with acute denervation per electromyography, right wrist flexor tenosynovitis, and right volar wrist ganglion. Treatment and diagnostics to date has included epidural injections, wrist brace, therapy, and medications. In a progress note dated 04/20/2015, the injured worker presented with complaints of right wrist pain. Objective findings include tenderness over the wrist flexor tendons, but no swelling. The treating physician reported requesting authorization for right carpal tunnel release surgery, postoperative occupational therapy, and pre-operative clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Wrist Open Carpal Tunnel Release, Radical Flexor Tenosynovectomy and Excision Volar Ganglion under Local Anesthesia with Sedation: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel and Other Medical Treatment Guidelines 2008 AAOS clinical practice guidelines - Carpal Tunnel.

**Decision rationale:** CA MTUS/ACOEM do not specifically address neurolysis. According to ODG, Carpal Tunnel syndrome, Carpal Tunnel Release Surgery, Adjunctive procedures: The 2008 AAOS CTS clinical treatment guidelines concluded that surgeons not routinely use the following procedures when performing carpal tunnel release: Skin nerve preservation; & Epineurotomy. The following procedures had no recommendation for or against their use: Flexor retinaculum lengthening; Internal neurolysis; Tenosynovectomy; & Ulnar bursa preservation. As tenosynovectomy for carpal tunnel release is not recommended by the guidelines, the request is not medically necessary.

**Post-Op Occupational Therapy 2x6 for The Right Wrist:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-Op Medical Clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Section.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.