

<b>Case Number:</b>	CM15-0012327		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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 53 year old female who reported injury on 11/18/2013. The mechanism of injury was repetitive movement with pliers. The documentation of 11/13/2014 revealed the injured worker had right hand numbness and tingling. The injured worker had attended 6 sessions of physical therapy. The documentation indicated the injured worker underwent an EMG and NCV on 11/10/2014, which revealed a mild compression of the median nerve on the right at the carpal tunnel. Diagnoses included right carpal tunnel syndrome. The treatment plan included a follow-up in the office. The physical examination revealed the injured worker had a positive Tinel's over the median nerve, a positive Phalen's, a positive flick sign, a positive median nerve compression test, decreased sensation over the median nerve distribution, capillary refill less than 2 seconds. A request was made for a right carpal tunnel release. Additionally, a request was made for a DVT prophylaxis sequential device, Norco, Duricef, Zofran, and a preoperative medical clearance. There was a Request for Authorization submitted for review dated 12/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Carpel Tunnel Release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates a surgical consultation may be appropriate for injured workers who have red flags of serious nature, have failed to respond to conservative management, including work site modifications, and who 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. Carpal tunnel syndrome must be proved by electrodiagnostic study and physical findings. The initial care for carpal tunnel syndrome includes night splints and day splints and an injection of lidocaine and corticosteroids is recommended for the treatment of carpal tunnel syndrome. The clinical documentation submitted for review indicated the injured worker had previously undergone physical medicine treatment x 6 sessions, and the injured worker had objective findings upon physical examination as well as nerve conduction studies. However, there was a lack of documentation of a failure of conservative care, including bracing and a corticosteroid injection. Given the above, the request for right carpal tunnel release is not medically necessary.

**Pre-op Medical Clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Associated Surgical Services: DVT sequential device:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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