

<b>Case Number:</b>	CM15-0013158		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	09/05/2013
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: New York

Certification(s)/Specialty: Neurological 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 42 year old male, who sustained an industrial injury on 9/5/2013. The current diagnoses are headaches, pain in the neck, shoulders and bilateral carpal tunnel syndrome and bilateral mild thumb carpometacarpal joint arthritis. He has been taking Norco. Currently, the injured worker complains of bilateral hand pain. Treatment to date has included bracing, medications, physical therapy for his neck, and injection. The treating physician is requesting right wrist carpal tunnel surgery, which is now under review. On 12/18/2014, Utilization Review had non-certified a request for right wrist carpal tunnel surgery. The California MTUS ACOEM Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right wrist carpal tunnel surgery:** 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): 260, 265,266.

**Decision rationale:** The California MTUS guidelines indicate that the carpal tunnel syndrome (CTS) does not produce hand or wrist pain. The PR2 of 07/31/2014 indicates the patient was complaining of bilateral hand pain. He received physical therapy for what was diagnosed to be cervicogenic headaches and the examination showed bilateral median nerve sensory hypesthesia in his hands, but the follow up visits did not include complaints consistent with CTS. The PR2 of 09/22/2014 and 10/30/14 indicated he was taking Norco for his headaches and neck pain. The PR2 concerning his physical therapy on 11/4/14 noted no overall improvement. Documentation does not include prescriptions for nocturnal or diurnal bracing per the MTUS guidelines. Results from Cortisone injections are not described in the documentation. California MTUS guidelines note that those patients who undergo carpal tunnel release (CTR) who have mild symptoms or findings have the poorest post-surgical outcome. Thus the requested treatment: right wrist carpal tunnel surgery is not medically necessary and appropriate.