

<b>Case Number:</b>	CM15-0141819		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	07/23/2013
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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, Hand 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 68 year old male who sustained an industrial injury on 7-23-2013. He reported falling from a ladder. He has reported injury to the left wrist and bilateral hands and has been diagnosed with carpal tunnel surgery. Treatment has included surgery, medications, and medical imaging. The right wrist had no tenderness to palpation, palpable crepitance, warmth or deformity. Range of motion was normal. Phalen's sign was positive. Range of motion to the left wrist and hand was slightly decreased. Phalen's test was positive. The treatment plan included surgery. The treatment request included 1 left side open carpal tunnel release revision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left side open carpal tunnel release revision, followed by right side 3 weeks later:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-270. Decision based on Non-MTUS Citation Green's Operative

Hand Surgery, 6th ed Chapter 30, Compression Neuropathies Surgery for previously failed procedures, pages 1009-1010.

**Decision rationale:** This is a request for revision left and then 3 weeks later right carpal tunnel release. The injured worker underwent bilateral carpal tunnel release in 2012 with resolution of symptoms. He sustained severe injuries when he fell from roof height in July 2013 fracturing his C7 lateral mass, T3, 4, 5, 6 and 7 transverse processes, T3 and T5 vertebral bodies and both wrists. He underwent operative treatment of the left wrist fracture; the right side was treated with splinting. He developed recurrent symptoms for which electrodiagnostic testing was performed on July 25, 2014 noting moderate abnormalities on both sides with the left distal median motor onset latency delayed to 5.7 ms and the right to 4.7 ms. Median sensory peak latency was 4.3 ms on both sides. The neurologic agreed medical evaluator noted, "essentially no symptoms on the right except for some very rare tingling." An agreed orthopedic consultant noted on August 8, 2014 there were "minimal symptoms in the right wrist" and "with respect to the right wrist, he has fewer symptoms and the right wrist symptoms are with reasonable medical probability more likely due to minor residuals from prior carpal tunnel syndrome." Carpal tunnel syndrome is discussed in the California MTUS, but there are no guidelines which address this rare situation of prior carpal tunnel syndrome with successful surgical treatment and subsequent wrist trauma, aggravation of symptoms and possible recurrent carpal tunnel syndrome. Such rare, complex clinical scenarios are discussed in the specialty text referenced. It is probable that some of the electrodiagnostic abnormalities are old and permanent. A component of the current pain is likely due from the wrist fractures and would not be improved by carpal tunnel release surgery. Any component of direct trauma to the nerve at the time of the fractures would not be improved by carpal tunnel release. With moderate ongoing symptoms on the left side and more moderate electrodiagnostic abnormalities, revision left carpal tunnel decompression is reasonable. However, the improvement following such surgery is likely to be limited and the risk of failure is high. Decompression of the right side where symptoms are mild and even less likely to be substantially improved is unlikely to be beneficial and not recommended at this time. Therefore, the request is not medically necessary.