

<b>Case Number:</b>	CM15-0160937		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	04/22/2014
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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 46-year-old female who sustained an industrial injury on 4-22-14. She had complaints of right elbow and right wrist pain. Treatments include: medication, physical therapy and surgery. Progress report dated 6-19-15 reports continued complaints of right hand pain with numbness and tingling in all fingers. She has difficulty writing, grasping small objects and drops objects. Diagnoses include: injury to ulnar nerve, loose body in upper arm joint, traumatic arthropathy of elbow and carpal tunnel syndrome. Plan of care includes: request carpal tunnel release of the right wrist, request physical therapy on the right wrist to increase flexibility, range of motion and strength to include modalities, therapeutic exercises 3 times per week for 4 weeks, request for a tennis elbow brace, request for referral to neurology for upper extremity EMG due to radiculopathy and follow up in 1 month. Work status: modified light duty until 7-31-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Carpal Tunnel Release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265; 270.

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

**Decision rationale:** This is a request for carpal tunnel release surgery. Reported symptoms are diffuse and diagnostic impressions are diverse including, "injury to ulnar nerve, traumatic arthropathy elbow, loose body in joint, villonodular synovitis, carpal tunnel syndrome and radiculopathy (May 11, 2015)." Only a minority of the symptoms would be consistent with a diagnosis of carpal tunnel syndrome and cervical radiculopathy could account for those symptoms. There is no electrodiagnostic support for a diagnosis of carpal tunnel syndrome. There is no documentation of non-surgical carpal tunnel treatment including night wrist splinting and carpal tunnel corticosteroid injection. Therefore, the request is not medically necessary and appropriate at this time.

**Post Operative Physical Therapy (12-sessions, 3 times a week for 4-weeks) for the Right Wrist:** 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.