

<b>Case Number:</b>	CM15-0162490		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	10/27/2004
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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:

This 63 year old male sustained an industrial injury on 10-27-04. Diagnoses include carpal tunnel syndrome. Treatments to date include nerve conduction and MRI testing, surgery, injections, physical therapy, TENS therapy and prescription pain medications. The injured worker has continued complaints regarding the right elbow and bilateral hands and wrists. Upon examination of the left hand and wrist, mild DRUJ tenderness was present, moderate midcarpal tenderness was present, mild dorsal tenderness was present, mild dorsal ulnar tenderness was present, mild dorsal tenderness in the hand and tenderness of the thumb was noted. Lunotriquetral ballottement test was positive. Pisotriquetral grind is positive with pain, crepitus was noted. Left wrist range of motion was reduced. A request for left carpal tunnel release was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left carpal tunnel release:** Upheld

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

**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 left carpal tunnel release surgery in an individual with primarily neck pain but also bilateral upper extremity symptoms attributed to unspecified injury in 2004. A large volume of records reviewed includes reports of left upper extremity electrodiagnostic testing on 4 occasions without evidence of carpal tunnel syndrome: on October 4, 2006 the left distal median motor onset latency was 3.44 ms and sensory peak latency 3.53 ms, on September 15, 2008 the left distal median motor onset latency was 3.28 ms and sensory peak latency 3.59 ms, on September 9, 2011 the left distal median motor onset latency was 3.1 ms and sensory peak latency 3.1 ms and on July 6, 2012 the left distal median motor onset latency was 3.7 ms and sensory peak latency 3.3 ms. Multiple studies including electrodiagnostic testing and September 14, 2010 cervical spinal MRI are consistent with cervical stenosis severe at the C5-6 level and radiculopathy which can cause overlapping symptoms. Neither the symptoms nor extensive testing performed in this case suggest left carpal tunnel syndrome as a primary source of symptoms and left carpal tunnel surgery is not medically necessary.