

<b>Case Number:</b>	CM15-0182793		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	08/25/2015
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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 60 year old female, who sustained an industrial injury on August 25, 2015. Medical records indicate that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome. On 8-21-15, the injured worker complained of bilateral wrist and hand pain with associated numbness and tingling in both hands. Objective findings (8-31-15) of the bilateral wrist and hands noted tenderness of the bilateral volar wrists and full range of motion of the wrists and hands. A positive carpal tunnel compression was noted bilaterally. A Phalen's test and Tinel's test were positive bilaterally. Motor strength and sensation were normal bilaterally. The injured worker was released back to work without restrictions on 8-28-15. Treatment and evaluation to date has included medications, electromyography, splints and injections. The electromyography of the bilateral hands (2012) revealed moderate carpal tunnel syndrome bilaterally. A current electromyography was not provided. A current medication list was not noted in the medical records. Medications and treatments that were tried and failed include non-steroidal anti-inflammatory drugs, injections and splints. The request for authorization dated 8- 28-15 includes a request for bilateral carpal tunnel release surgery (left and then right). The Utilization Review documentation dated 9-4-15 non-certified the request for the bilateral carpal tunnel release surgery (left and then right).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral carpal tunnel release (left then right): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** This request appears to represent a misunderstanding. The request is from a primary occupational physician for (1) referral of the injured worker to a surgeon for consultation and (2) for surgery on both hands. Based on the limited records provided, referral to a surgeon for evaluation is appropriate. Only the treating surgeon can determine the medical appropriateness of surgical treatment and request authorization to proceed with surgery after discussion of treatment risks, anticipated benefits and alternative treatment options with the patient. In this case, the records indicate the patient has not met with a surgeon and it is premature to consider surgical treatment.