Case Number:	CM15-0184324		
Date Assigned:	09/24/2015	**Date of Injury:**	04/14/2008
Decision Date:	10/30/2015	**UR Denial Date:**	08/24/2015
Priority:	Standard	**Application Received:**	09/18/2015

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: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic 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 45 year old female who sustained an industrial injury on 4-14-08. Diagnoses are noted as left elbow ulnar neuropathy, left medial epicondylitis, bilateral ulnar neuropathy at the elbow, moderate left carpal tunnel syndrome, mild to moderate right carpal tunnel syndrome, right upper extremity pathology secondary to compensatory injury, and pain management. Previous treatment noted includes left elbow injection, application of ice, medication, and limiting activity. In a progress report dated 7-30-15, the physician notes pain radiates into the elbow, arm, hand and fingers. Symptoms include swelling, tingling, burning pain, stiffness, weakness, warmth, giving way and tenderness. Symptoms are improved with no activity, ice, and pain medication. Pain severity is rated 8 out of 10. It is noted the symptoms are unchanged and there has been no change in the level of function during activity since the last visit. Physical exam of the bilateral wrists and hands reveals positive Tinels', carpal tunnel, positive Phalen's and cubital tunnel. Extension is 10 degrees and flexion is 140 degrees. Exam of the left elbow reveals tenderness over the medial epicondyle, positive tinel's and cubital tunnel. Extension is 10 degrees, flexion is 130 degrees, and pronation and supination are 80 degrees. Disability status is noted as modified- no repetitive use of the upper extremity and no power grip or grasp. The treatment plan is a left carpal tunnel release and left elbow ulnar transposition. Electromyography of the upper extremities is reported to demonstrate bilateral ulnar neuropathy at the elbow, moderate left carpal tunnel syndrome, and mild to moderate right carpal tunnel syndrome. Electromyography was negative for cervical radiculopathy. A request for

authorization is dated 8-19-15. The requested treatment of left carpal tunnel release was non-certified on 8-24-15.

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 Forearm, Wrist, and Hand Complaints 2004.

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

Decision rationale: The patient is a 45 year old female with signs and symptoms of a possible left carpal tunnel syndrome that has failed conservative management of ice, activity modification and medical management. EDS results support a moderate carpal tunnel syndrome. From page 270, ACOEM, Chapter 11, Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare. Further from page 272, Table 11-7, injection of corticosteroids into to the carpal tunnel is recommended in mild to moderate cases of carpal tunnel syndrome after trial of splinting and medication. Based on the provided documentation for this review, the patient has not been adequately documented to have failed recommended conservative management including splinting and consideration for a steroid injection. Therefore, left carpal tunnel release should not be considered medically necessary.