

<b>Case Number:</b>	CM15-0189217		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic 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 37-year-old female, with a reported date of injury of 10-29-2012. The diagnoses include severe right carpal tunnel syndrome. Treatments and evaluation to date have included Cyclobenzaprine, acupuncture, Tramadol, Xanax, Capsaicin cream, physical therapy, and night wrist bracing. The diagnostic studies to date have not been included in the medical records provided. The orthopedic consultation report dated 07-30-2015 indicates that the injured worker complained of left shoulder pain and associated with limited range of motion. There was no radiation of pain. She rated her pain 7 out of 10. The pain was increased to 9 out of 10 with repetitive lifting to the waist, pushing and pulling, flexion, abduction, overhead work, lifting overhead, lifting of the shoulder, and gripping motions. The injured worker also complained of right wrist pain with weakness, numbness, and tingling, burning, and decreased range of motion. There was no radiation of pain. The injured worker rated her pain 7 out of 10. She reported that the right wrist pain interfered moderately with bathing, buttoning of clothes, combing hair, eating, dressing, brushing teeth, and preparing meals. The pain also interfered with writing, grasping, opening jars, carrying grocery bags, climbing stairs, lifting, pushing, pulling, household chores, opening car doors, and turning faucets on and off. The physical examination showed tenderness to palpation over the dorsal aspect of the bilateral wrists; tenderness to palpation over the palmar aspect of the right wrist; decreased right wrist range of motion; positive Tinel's on the right; and positive Phalen's on the right. It was noted that electrodiagnostic studies showed positive findings of carpal tunnel syndrome. The treating physician stated that the injured worker was a surgical candidate for right carpal tunnel release.

It was noted that the injured worker had not made substantial objective functional improvements even after undergoing conservative measures; and that she continued to experience clinical signs of carpal tunnel syndrome of the right wrist including decreased sensation, decreased grip strength, and thenar atrophy. The injured worker's disability status was referred to the primary treating physician. The request for authorization was dated 07-30-2015. The treating physician requested right carpal tunnel release. On 08-28-2015, Utilization Review (UR) non-certified the request for right carpal tunnel release.

### **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 Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist / surgery for carpal tunnel syndrome.

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval for carpal tunnel and stratifies success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case there is lack of evidence in the records from 7/30/15 of electrodiagnostic evidence of carpal tunnel syndrome. In addition, there is lack of evidence of failed bracing or injections in the records. Therefore, the determination is for non-certification. The Official Disability Guidelines were also referenced for recommendations that are more specific. According to the Official Disability Guidelines regarding surgery for carpal tunnel syndrome, Recommended after an accurate diagnosis of moderate or severe CTS. Surgery is not generally initially indicated for mild CTS unless symptoms persist after conservative treatment. Severe CTS requires all of the following: Muscle atrophy, severe weakness of thenar muscles, 2-point discrimination test greater than 6 mm and positive electrodiagnostic testing. Not severe CTS requires all the following: Symptoms of pain, numbness, paresthesia, impaired dexterity requiring two of the following: Abnormal Katz hand diagram scores, nocturnal symptoms, Flick sign (shaking hand); findings by physical exam, requiring two of the following including compression test, Semmes-Weinstein monofilament test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, mild thenar weakness, (thumb adduction); comorbidities of no current pregnancy; initial conservative treatment requiring three of the following: Activity modification greater than or equal to one month, night wrist splint greater than or equal to one month, nonprescription analgesia (i.e. acetaminophen), home exercise training (provided by physician, healthcare provider or therapist) or successful initial outcome from corticosteroid injection trial (optional) and positive electrodiagnostic testing. In this case, there is insufficient evidence of carpal tunnel syndrome and failure of conservative management as stated above. There is insufficient evidence of abnormal hand diagram scores, nocturnal symptoms, decreased two-point discrimination or thenar weakness to warrant surgery. Therefore, the determination is not medically necessary.

