

<b>Case Number:</b>	CM15-0190575		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	02/13/2015
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 39 year old female with a date of injury on 02-13-2015. The injured worker is undergoing treatment for chronic right carpal tunnel syndrome, right wrist and forearm tendinitis. Physician progress notes dated 05-11-2015 and 08-17-2015 documents the injured worker continues to complain of pain, swelling and numbness in her right wrist and hand. This is not improved with therapy. She has slight volar forearm tenderness on the right. Tinel's sign and Phalen's test are positive at the right carpal tunnel. Sensation is diminished in the median nerve distribution in the right hand. She has failed to respond to a prolonged course of rest, splinting, cortisone injection and therapy. "She has a negative electrodiagnostic studies which occurs in approximately 20% of carpal tunnel cases. I believe she would benefit from a right carpal tunnel release." Treatment to date has included diagnostic studies, medications, status post repair of her left thenar musculature, occupational therapy, use of a brace, rest splinting, cortisone injection and therapy. She is temporarily totally disabled. Medications include Voltaren and Prilosec. An Electromyography and Nerve Conduction Velocity study done on 03-26-2015 showed a normal right nerve conduction and electromyography. On 09-08-2015 Utilization Review 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:** 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 is a request for right carpal tunnel release surgery. Records provided note long-standing pain and swelling in the forearm, wrist and hand. Reported symptoms are variable and many do not correlate with a diagnosis of right carpal tunnel syndrome. For example, February 17 and February 23, 2015 reports note "exquisite" dorsal wrist tenderness and negative Tinel's both of which are inconsistent with carpal tunnel syndrome. A March 2, 2015 report states splinting and therapy aggravated symptoms splinting is often effective treatment for carpal tunnel syndrome and would not be expected to aggravate symptoms. March 26, 2015 electrodiagnostic testing was normal with the distal median motor onset latency and sensory peak latency falling well within accepted normal limits at 3.5 and 3.1 ms respectively and no evidence of denervation of the right abductor pollicis brevis muscle. A May 11, 2015 carpal tunnel injection was performed with a June 15, 2015 report noting just temporary improvement. The majority of symptoms are inconsistent with carpal tunnel syndrome and the objective electrodiagnostic evidence is also inconsistent with a diagnosis of carpal tunnel syndrome. Therefore carpal tunnel release surgery is unlikely to bring about functional improvement and determined to be medically unnecessary.