

<b>Case Number:</b>	CM15-0197579		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	05/07/2015
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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 42-year-old male, who sustained an industrial injury on 5-7-15. The injured worker was diagnosed as having right carpal tunnel syndrome and ulnar nerve compression. Medical records (6-25-15 through 7-1-15) indicated 7-8 out of 10 pain in the right elbow. The physical exam (5-19-15 through 7-1-15) revealed right elbow extension is 180 degrees, flexion is 140 degrees and pain with supination-pronation of forearm. As of the PR2 dated 9-16-15, the injured worker reports pain in his right elbow and wrist. Objective findings include right elbow extension is 180 degrees and flexion is 140 degrees. The treating physician noted the results of the EMG-NCS done on 7-28-15 showed a moderate carpal tunnel syndrome and a moderate degree of ulnar nerve compression at Guyon's canal at the wrist. The injured worker indicated that he has not been working since last appointment. Treatment to date has included an elbow brace and Ibuprofen. Physical therapy was requested on 5-26-15, but it is unclear if treatment was provided. The treating physician requested a right carpal tunnel release, flexor tenosynovectomy and ulnar nerve decompression at the wrist. The Utilization Review dated 9-30-15, non-certified the request for a right carpal tunnel release, flexor tenosynovectomy and ulnar nerve decompression at the wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right carpal tunnel release, flexor tenosynovectomy and ulnar nerve decompression at the wrist:** 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 based on Non-MTUS Citation J Bone Joint Surg Am. 2002 Feb;84-A(2):221-5. The role of flexor tenosynovectomy in the operative treatment of carpal tunnel syndrome. Shum C1, Parisien M, Strauch RJ, Rosenwasser MP.

**Decision rationale:** This is a request for 3 hand surgeries: Right carpal tunnel release, flexor tenosynovectomy and decompression of the ulnar nerve in the ulnar tunnel. Documented provided are inconsistent and do not correlate with carpal tunnel syndrome or ulnar tunnel syndrome as a principal cause of symptoms. A June 11, 2015 report notes the worst imaginable left ankle pain 10 over 10. An initial report by the requesting surgeon of July 1, 2015 notes primarily right shoulder and right elbow pain. July 28, 2015 electrodiagnostic testing was consistent with diabetic polyneuropathy with slowing of median, ulnar and radial sensory conduction. There is no documentation of treatment of presumed carpal and ulnar tunnel syndrome, such as with night splinting or injection. Further, studies have been shown that there is no benefit of flexor tenosynovectomy in the primary treatment of carpal tunnel syndrome. Therefore, the request for multiple surgeries is determined to be unnecessary.