

<b>Case Number:</b>	CM15-0209202		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	07/24/2015
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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 37 year old male, who sustained an industrial injury on 7-24-2015. The medical records indicate that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome. According to the progress report dated 9-14-2015, the injured worker presented with complaints of bilateral hand symptoms, left greater than right. He notes pain around thumb with minimal paresthesia. The level of pain is not rated. The physical examination reveals Jamar grip testing 93-99-86 on the right and 90-89-90 on the left. The treating physician notes that "he is not using pain medications at this time". Previous diagnostic studies include electrodiagnostic testing. Treatments to date include bilateral wrist splints. Work status is described as modified duty. The original utilization review (9-23-2015) had non-certified a request for bilateral carpal tunnel release surgery. Electrodiagnostic studies are consistent with bilateral mild carpal tunnel syndrome. Conservative management has included activity modification and splinting. The patient is reported not to be candidate for NSAIDs given his history of uncontrolled diabetes mellitus. The patient is not documented to have been considered for a steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carpal tunnel release surgery, left 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, Summary.

**Decision rationale:** The patient is a 37 year old male with signs and symptoms of possible bilateral carpal tunnel syndrome. He has failed conservative management of splinting and activity modification. However, medical management and a consideration for a steroid injection has not been documented. Electrodiagnostic studies are consistent with a mild condition bilaterally. 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. Therefore, as the patient does not have evidence of a severe condition, appropriate conservative management should be adequately documented. Therefore, left carpal tunnel release is not medically necessary.

**Carpal tunnel release surgery, right 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, Summary.

**Decision rationale:** The patient is a 37 year old male with signs and symptoms of possible bilateral carpal tunnel syndrome. He has failed conservative management of splinting and activity modification. However, medical management and a consideration for a steroid injection has not been documented. Electrodiagnostic studies are consistent with a mild condition bilaterally. 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. Therefore, as the patient does not have evidence of a severe condition, appropriate conservative management should be adequately documented. Therefore, right carpal tunnel release is not medically necessary.

