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| <b>Case Number:</b>   | CM15-0020402 |                              |            |
| <b>Date Assigned:</b> | 02/10/2015   | <b>Date of Injury:</b>       | 08/06/2014 |
| <b>Decision Date:</b> | 03/25/2015   | <b>UR Denial Date:</b>       | 01/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/03/2015 |

### 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: Illinois, California, Texas  
 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:

This 45-year-old female sustained an industrial injury on 8/6/14. The 9/5/14 electrodiagnostic report documented findings consistent with mild left carpal tunnel syndrome. The 11/5/14 treating physician report indicated that the patient had an ergonomic evaluation at work, and was provided with a decreased workload. She felt she was improving. She had no right hand pain. There was a recent onset of left lateral elbow pain and continued numbness and tingling in the left hand. She was wearing her splints and attending occupational therapy, which was helping somewhat. Physical exam documented full active range of motion, no tenderness, no effusion, pain with middle finger extension, minimal pain with resistant forearm pronation/supination, and lateral epicondyle tenderness. Tinel's, Phalen's, and median nerve compression tests were negative. There was 4+/5 weakness of the abductor pollicis brevis. A carpal tunnel release was recommended, and an elbow strap was provided. The 1/14/15 treating physician report indicated as the patient had a left carpal tunnel positive injection test on 12/17/14, with 7-10 days of complete relief. Her symptoms have returned and worsened to some degree. Physical exam documented grip strength 50/50/50 pounds right, and 45/45/45 pounds left. There was normal left hand and wrist range of motion, with no wrist tenderness or instability. Tinel's, Phalen's, and median nerve compression tests were negative. There was 4+/5 weakness of the abductor pollicis brevis bilaterally. There was no evidence of muscle atrophy. There was slight tenderness over the carpal tunnel to very deep palpation, but this was a subtle finding. The treatment plan recommended carpal tunnel release based on the positive diagnostic injection test. Work restrictions were continued. Records indicated the patient had completed 15 occupational therapy

visits as of 1/17/15. On 1/27/15, Utilization Review non-certified the request for left carpal tunnel release, based on MTUS, ACOEM guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left Carpal Tunnel Release: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 273,270.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Carpal tunnel syndrome, Carpal tunnel release surgery (CTR)

**Decision rationale:** The California MTUS guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. The Official Disability Guidelines provide clinical indications for carpal tunnel release that include specific symptoms (abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick Sign), physical exam findings (compression test, monofilament test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness), conservative treatment (activity modification, night wrist splint, non-prescription analgesia, home exercise training), successful corticosteroid injection trial, and positive electrodiagnostic testing. Guideline criteria have been met. This patient presents with clinical exam findings that include trace abductor pollicis brevis weakness bilaterally. There is detailed evidence of conservative treatment, including bracing, injection, occupational therapy, and workplace evaluation. There is reasonable evidence that conservative treatment has failed. Therefore, this request is medically necessary at this time.