

<b>Case Number:</b>	CM15-0024015		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	09/09/2014
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, 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 60-year-old male who reported an injury on 09/09/2014. The mechanism of injury was not provided. The EMG/nerve conduction study was dated 01/06/2015. On examination, the injured worker had no Phalen's sign at the wrist. There was no decreased pinprick sensation. There was no Tinel's at the wrist or elbow. The diagnostics were abnormal of the bilateral upper extremities, consistent with bilateral severe carpal tunnel syndrome and bilateral chronic C7 radiculopathy. The documentation of 01/15/2015 revealed the injured worker had an EMG/nerve conduction study which revealed bilateral severe carpal tunnel syndrome. The injured worker was noted to have difficulty sleeping and acupuncture had not helped. The physical examination revealed weakness of grip strength in the right hand and pain with range of motion. The diagnosis included carpal tunnel syndrome, severe. The injured worker was noted to be a double crush injury to the neck and right hand. The treatment plan included a carpal tunnel release and cervical epidural block.

### 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 ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates that carpal tunnel syndrome surgery is appropriate when there has been a failure of conservative care, including NSAIDs, exercise, bracing, and injections. There should be objective findings upon physical examination that are corroborated by electrodiagnostic studies. The clinical documentation submitted for review indicated the injured worker underwent electrodiagnostic studies which revealed severe bilateral carpal tunnel syndrome. However, the physical examination failed to indicate the injured worker had findings upon examination, including a positive Phalen's or Tinel's. There was a lack of documentation indicating the failure of conservative care that was utilized including exercise, NSAIDs, bracing and injections. Given the above, the request for right carpal tunnel release is not medically necessary.

**Pre-op physical and labs; chem panel, CBC, PT, PTT, UA:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.