

<b>Case Number:</b>	CM15-0024503		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	07/01/2014
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/13/2015
<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 40-year-old female who reported injury on 07/01/2014. The mechanism of injury was a slip and fall. Prior therapies included physical therapy, activity modifications, and a wrist immobilizer splint. The medications included Mobic and Norco. The documentation of 12/03/2014 revealed the injured worker underwent an x-ray of the right wrist on 07/07/2014, which demonstrated mild dorsal superficial soft tissue swelling. There was no fracture. The documentation further indicated the injured worker underwent electro-diagnostic studies on 08/22/2014, which revealed mild right carpal tunnel syndrome. The injured worker had complaints of numbness in the right thumb, index, long, ring, and little fingers 4 to 5 times or more per day. The injured worker was noted to be wearing a wrist immobilizing splint and experienced numbness and tingling 3 to 4 times at night which awakened her. The injured worker was noted to be utilizing the splint since 08/02/2014. The injured worker indicated sweeping and performing other repetitive activities make the numbness worse. The injured worker was noted to experience pain in the central proximal palmar aspect of the right hand and, in addition, on the dorsal aspect of the right wrist. Prior surgical history was noncontributory. The physical examination revealed a positive Tinel's test over the right median nerve at the carpal tunnel. The injured worker had a positive right volar wrist flexion/compression test with paresthesia in the right index, long, ring, and little fingers, while the left was negative. The physician noted this was a more specific and sensitive test than the Phalen's test, per peer reviewed literature. The injured worker had a 5 mm 2 point discrimination to the radial and ulnar aspect of all digits of the right hand. The injured worker had a resisted abduction of the

right thumb measuring 4.2/5 and the left was 5/5 motor strength. The diagnoses included right median neuropathy secondary to compression of the carpal tunnel, moderate, and blunt trauma to the right dorsal wrist and hand occurring 07/02/2014 without evidence of an axial loading injury to the right wrist. The documentation indicated no further treatment was required for the right wrist. The documentation further indicated the injured worker had failed conservative care, and the recommendation was for a right carpal tunnel release.

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

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

**Endoscopic assisted right carpal tunnel release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**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 releases are recommended for injured workers who have failed conservative care including wrist bracing, injections, rest, and NSAIDs. Carpal tunnel syndrome must be proved on physical examination and electro-diagnostic studies. The clinical documentation submitted for review indicated the injured worker had failed conservative care. However, there was a lack of the inclusion of an injection in the conservative care and the injured worker's response to the injection. The official electro-diagnostic studies were not provided to indicate the injured worker had mild carpal tunnel syndrome. Given the above, the request for Endoscopic assisted right carpal tunnel release is not medically necessary.

**Post-operative physical therapy, twice weekly for four to five weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.