

<b>Case Number:</b>	CM15-0026586		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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 54 year old female who sustained an industrial injury on 11/01/2011. Current diagnoses include status post right hand carpal tunnel release, status post right hand DeQuervain's release, status post right hand 1st CMC interposition arthroplasty, status post right hand trigger finger release, fourth and fifth, status post left hand carpal tunnel release, and status post left hand DeQuervain's release, left thumb. Previous treatments included medication management, multiple left and right hand surgeries, physical therapy, wrist supports, and injections. Report dated 01/13/2015 noted that the injured worker presented with complaints that included numbness in the left hand. Physical examination was positive for abnormal findings. Documentation included an MRI of the left and right wrist dated 10/01/2014. Utilization review performed on 01/28/2015 non-certified a prescription for left carpal tunnel release, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision. Electrodiagnostic studies from 11/20/14 note a moderate left carpal tunnel syndrome. Previous examinations noted positive Phalen's and Tinel's signs of the left wrist, as well as abnormal 2 point sensation in the median nerve distribution and loss of power.

### 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Carpal Tunnel Release Surgery (CTR)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270, 272 and 265.

**Decision rationale:** The patient is a 54 year old female with signs and symptoms of recurrent left carpal tunnel syndrome that has failed conservative management who had undergone previous left carpal tunnel release many years prior. There are confirmatory electrodiagnostic studies from 11/20/14 noting a moderate left carpal tunnel syndrome. As outlined in ACOEM guidelines page 270: CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. From Table 11-7 initial management should consist of medical management and splinting, which has been documented. This is followed by steroid injection (however, the evidence for this is based on 'limited research-based evidence'). From page 265, 'Symptomatic relief from a cortisone/anesthetic injection will facilitate the diagnosis; however, the benefit from these injections is short-lived.' Based on the entirety of the medical record, relative severe clinical signs, failure of conservative management and confirmatory EDS studies, a steroid injection is not necessary to facilitate the diagnosis. Thus, left carpal tunnel release in this patient should be considered medically necessary.