

<b>Case Number:</b>	CM15-0035247		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	10/23/2014
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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 42 year old male, who sustained an industrial injury on 10/23/2014. The current diagnosis is bilateral carpal tunnel syndrome. Currently, the injured worker complains of pain in bilateral wrists with numbness and tingling. The pain is rated 7-9/10 on a subjective pain scale. Current medications relative to this problem are none. The physical examination reveals decreased sensation to light touch in the bilateral hands, all digits. The treating physician is requesting outpatient right carpal tunnel release and preoperative medical clearance, which is now under review. On 2/18/2015, Utilization Review had non-certified a request for outpatient right carpal tunnel release and preoperative medical clearance. The California MTUS ACOEM Medical Treatment Guidelines were cited. Documentation from 11/4/14 notes bilateral hand paresthesias that are worsening and occur at night. Examination notes positive Phalen's test bilaterally. Management included medications, therapy and splinting. Electrodiagnostic studies document severe carpal tunnel syndrome on the right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Right Carpal tunnel release:** Overturned

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

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

**Decision rationale:** The patient is a 42-year-old male with signs and symptoms of right carpal tunnel syndrome that has failed conservative management of splinting, medical management and physical therapy. Electrodiagnostic studies document a severe median nerve entrapment on the right side. From page 270, Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electro-diagnostically 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. UR states that the patient doesn't have confirmatory exam findings of right carpal tunnel syndrome. However, this is contradicted by the examination dated 11/4/14, as Phalen's test is positive. The patient's symptoms are also consistent with carpal tunnel syndrome, with night time symptoms as well. The UR also states that there was no documentation of a steroid injection for diagnostic and/or therapeutic reasons. 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 overall clinical picture, the diagnosis is clear and does not require additional diagnostic certainty. Therefore, right carpal tunnel release should be considered medically necessary.

**Preoperative Medical Clearance:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopaedic Surgeons.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, low back pain, preoperative testing, general.

**Decision rationale:** The patient is a 42-year-old male with a medically necessary right carpal tunnel release. Thus, preoperative medical clearance is considered medically necessary based on ODG as follows: An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. Thus, preoperative medical clearance should be considered medically necessary.