

<b>Case Number:</b>	CM15-0039113		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	11/01/2013
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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

### 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 38-year-old female who sustained an industrial injury on November 1, 2013. She has reported injury to bilateral wrists and has been diagnosed with extensor tendinitis, bilateral wrists, carpal tunnel syndrome, bilateral wrists, and overuse syndrome, bilateral upper extremities. EMG/NCV bilateral upper extremities from 10/5/14 demonstrates normal bilateral upper extremity findings. Treatment has included medical imaging, medications, physical therapy, and a home exercise program. Currently the injured worker examination revealed tenderness to palpation at the bilateral dorsal wrists. There was full range of motion of the wrists. The treatment plan included a neurology consultation and medications.

### 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:** 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.

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to evaluate for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case, there is lack of evidence in the EMG/NCV test of 10/5/14 of carpal tunnel syndrome. In addition, there is lack of evidence of failed bracing or injections in the records. Therefore, the determination is for non-certification.