

<b>Case Number:</b>	CM15-0044508		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: 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 male, who sustained an industrial injury on September 27, 2012. He reported left wrist pain. The injured worker was diagnosed as having bilateral median neuropathy. Treatment to date has included medications, acupuncture, and transcutaneous electrical nerve stimulation. On October 3, 2014, the injured worker complains of left wrist and hand pain, which he rates as 6/10 on a pain scale. Testing reveals a positive Tinel's and Phalen's bilaterally. The records reflect he has been receiving acupuncture, which is reported to have improved his activity, and decreased his symptomology. The treatment plan includes request of left side carpal tunnel release, and anesthesia, and history and physical and post-operative physical therapy three times weekly for four weeks for the left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carpal Tunnel Release & Anesthesia:** 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 and 272.

**Decision rationale:** The patient has signs and symptoms of possible left carpal tunnel syndrome. Based on documentation from the UR stating communication with the requesting surgeon, there are no supporting electrodiagnostic studies for the left side. In addition, there is insufficient documentation of conservative management including bracing and steroid injection. The UR also documents that the requesting surgeon is planning for a steroid injection. Therefore, left carpal tunnel release should not be considered medically necessary. From ACOEM, 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 electrodiagnostically 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. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare. Positive EDS in asymptomatic individuals is not CTS. Studies have not shown portable nerve conduction devices to be effective diagnostic tools. Surgery will not relieve any symptoms from cervical radiculopathy (double crush syndrome). Likewise, diabetic patients with peripheral neuropathy cannot expect full recovery and total abatement of symptoms after nerve decompression. From page 272, Table 11-7, steroid injection is recommended into the carpal tunnel after failure of splinting and medications.

**History & Physical:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As the procedure was not considered medically necessary, history and physical would not be medically necessary.

**Post-op Physical Therapy 3 x 4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As the procedure was not considered medically necessary, postoperative physical therapy would not be medically necessary.