

<b>Case Number:</b>	CM15-0047263		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	09/23/2013
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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:

This 49 year old female sustained an industrial injury to the neck and bilateral upper extremities on 9/23/13. Previous treatment included medications, physical therapy, bilateral wrist braces, bilateral elbow braces, magnetic resonance imaging, x-rays and cortisone injections. In an orthopedic follow-up evaluation dated 1/14/15, the injured worker complained of worsening pain to bilateral shoulders and wrists. The injured worker also reported left middle finger triggering , increased anxiety and stress. Physical exam was remarkable for bilateral shoulders with subacromial tenderness to palpation with myospasms and full range of motion, bilateral wrists with tenderness to palpation along the carpometacarpal joint bilaterally with positive bilateral Tinel's sign and Phalen's sign and left hand with tenderness to palpation at the pulley A-1 of the third digit. Current diagnoses included muscular tenderness strain of bilateral upper extremities and flexor tenosynovitis with mild trigger of the left finger. The treatment plan included left carpal tunnel release and acupuncture. AME evaluation dated 11/20/14 noted that the patient has signs and symptoms of carpal tunnel syndrome with nighttime symptoms. Stated electrodiagnostic studies from 9/30/14 noted mild bilateral carpal tunnel syndrome. Conservative management has included medical management, physical therapy, recommended acupuncture, worksite modifications and bracing, as documented from 9/24/14.

### 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.

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

**Decision rationale:** The patient is a 49 year old female with signs and symptoms of left carpal tunnel syndrome that has failed conservative management of splinting, medical management, worksite modifications and activity modifications (and possibly cortisone injections). She has supportive findings on examination including numbness, positive Tinel's and Phalen's. Electrodiagnostic studies support a mild bilateral carpal tunnel syndrome. From ACOEM, 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. Thus, based on these guidelines, left carpal tunnel release surgery should be considered medically necessary for this patient. The patient's carpal tunnel syndrome has not resolved with conservative management. One of the reasons for denial from the UR, was that the electrodiagnostic studies were normal. However, in the medical documentation provided for this review, the electrodiagnostic studies were reported as abnormal and showed evidence of a mild carpal tunnel syndrome. The request is medically necessary.