

<b>Case Number:</b>	CM15-0050523		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	01/01/2010
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Minnesota, Florida  
 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 52 year old female, who sustained an industrial injury on 1/1/2010. Diagnoses have included right carpal tunnel syndrome, cervicgia and radiculopathy. Treatment to date has included magnetic resonance imaging (MRI) of the cervical spine, electromyography (EMG) and medication. According to the progress report dated 1/26/2015, the injured worker complained of right upper extremity pain and numbness. It was noted that right upper extremity symptoms appeared to be partly radicular in nature and probably due to peripheral nerve compression. Physical exam revealed radiating pains in the right upper extremity. She had paresthesias with Tinel's at the wrist and an equivocal Phalen's sign. She had paresthesias in the median nerve distribution consistent with carpal tunnel syndrome. However, it was also noted that electrophysiologic studies were negative for peripheral nerve compression. Authorization was requested for right carpal tunnel release and postoperative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right carpal tunnel release:** 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:** The injured worker is a 52-year-old individual with a history of cumulative trauma on 1/1/2010. There is a history of neck pain radiating down the right upper extremity into the thumb. X-rays of the cervical spine dated 1/7/2014 revealed degenerative disc disease from C4-C7 with narrowing of the neural foramina. An MRI scan of the cervical spine dated 2/18/14 revealed multilevel uncovertebral osteophytosis and foraminal stenosis from C4-C7 associated with degenerative disc disease. Documentation from 12/22/2014 indicates that Electrodiagnostic studies did not reveal any significant peripheral nerve compression. A right carpal tunnel release is requested on the basis of a physical examination documenting positive Tinel's and Phalen's and paresthesias in the median distribution. California MTUS guidelines indicate surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaints. The diagnosis should be confirmed by electrophysiologic studies. In this case, the nerve conduction study is reported to be negative. The documentation does not indicate injection of the carpal tunnel with corticosteroids and lidocaine to confirm the pain source. As such, the request for a carpal tunnel release is not supported and the medical necessity of the request has not been substantiated.

**Post op physical therapy 3x4:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.