

<b>Case Number:</b>	CM15-0052296		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	09/30/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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, Hand Surgery, Sports Medicine

### 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 54 year old female sheriff who developed symptoms of bilateral carpal tunnel syndrome and a right index finger tendon sheath ganglion aggravated by occupational activities with an administrative date of onset 9/30/2014. She is noted on examination by the treating surgeon and neurologist to have decreased sensibility in the median nerve distribution, weakness without atrophy and a bump at the base of the right index finger. Electrodiagnostic testing on January 26, 2015 demonstrated no recordable right median sensory conduction and motor onset latency was markedly slowed at 8.1 ms. There was no evidence of denervation with electromyography. Treatment to date noted in the January 26, 2015 neurology consultation has included night splinting, naproxen and cortisone injection. The injured worker continues regular work. The request is for right carpal tunnel release and removal of the index finger mass.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Carpal Tunnel Release/Excision of Mass Right Index Finger:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Forearm, Wrist. & Hand (Acute & Chronic) (updated 11/13/2014).

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

**Decision rationale:** In this case, I recommend reversal of the utilization reviewer's decision; I reviewed the discussion and records provided to me and it appears I have greater clinical information available related to the requested surgical treatment. The injured worker has carpal tunnel syndrome which has been confirmed by electrodiagnostic testing which is very abnormal. She also has a small mass in her index finger which likely represents a flexor tendon sheath ganglion. Clinical documentation by both the treating surgeon and evaluating neurologist is consistent with the diagnoses and initial conservative treatment including splinting, anti-inflammatory medications and cortisone injection have been performed and were unsuccessful. Given the severity of the electrodiagnostic abnormalities, there is no reasonable expectation that her carpal tunnel symptoms would respond to splinting or injection, although such routine treatment was certainly appropriate before the electrodiagnostic testing was completed. Given the failure of appropriate nonsurgical treatment combined with the severity of the nerve conduction deficits, carpal tunnel release surgery is appropriate. The ACOEM guidelines note on page 270 that, "patients with moderate or severe CTS have better outcomes from surgery than splinting." If the finger mass represents a tendon sheath ganglion, those will sometimes resolve with injection/needle perforation. Records indicate an injection was performed, but that may have been slightly more proximal at the level of the carpal canal. With surgery appropriately indicated for the carpal tunnel syndrome, concurrent removal of the finger mass is appropriate to avoid the need for a second anesthesia and surgery on the same hand for removal of the cyst. Therefore, both the carpal tunnel release and finger mass removal are medically necessary and appropriate.