

<b>Case Number:</b>	CM15-0054341		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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 was a 46 year old male, who sustained an industrial injury, June 18, 2011 through June 18, 2012. The injured worker previously received the following treatments x-rays, orthopaedic evaluation, EMG/NCS (electro diagnostic studies and nerve conduction studies) of the upper extremities, left shoulder MRI and physical therapy. The injured worker was diagnosed with cervical spine strain/sprain with possible associated discopathy, status post left shoulder surgery times 2 with residual symptoms, tendinitis/impingement right shoulder with possible rotator cuff tear and bilateral carpal tunnel syndrome right worse than the left. According to progress note of February 16, 2015, the injured workers chief complaint was neck, shoulders, and bilateral hand numbness and headaches. The physical exam noted decreased range of motion and strength with increased tenderness. The treatment plan included carpal tunnel surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carpal tunnel release of the left wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-266.

**Decision rationale:** In this case, the injured worker reports diffuse symptoms only a minor minority of which could be attributed to carpal tunnel syndrome. Records reviewed suggest electro diagnostic testing was consistent with bilateral medial and ulnar neuropathy in 2013, but the results of the testing are not provided for review. Regarding the specific request for carpal tunnel release surgery, there is no documentation of any non-surgical carpal tunnel treatment such as night splinting, anti-inflammatory medications or corticosteroid injections. Instead, it appears the injured worker transferred his care in December 2014 and on initial evaluation, the present treating physician has recommended shoulder and bilateral carpal tunnel surgery. With no documented non-surgical treatment, the request to proceed to surgery at this time is unsupported by the CA MTUS and general practice guidelines. Therefore, the request for left carpal tunnel surgery is deemed medically unnecessary at this time.