

<b>Case Number:</b>	CM15-0058607		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	08/27/2009
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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 65 year old female, who sustained an industrial injury on 08/27/2009. She has reported injury to the bilateral wrists/hands/fingers, bilateral shoulders, and neck. The diagnoses have included right carpal tunnel syndrome; and first carpometacarpal (CMC) joint arthrosis. Treatment to date has included medications, diagnostic studies, injections, physical therapy, and surgical intervention. A progress note from the treating physician, dated 02/02/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain and numbness in both hands. Objective findings included tenderness at the base of both thumbs and the distal interphalangeal joints of both hands; and tenderness to palpation of the cervical paraspinal musculature. The treatment plan has included the request for right carpal tunnel release endo vs open. Conservative management has included splinting, activity modification, physical therapy and medication. Electrodiagnostic studies support a mild right carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Carpal Tunnel Release Endo Vs Open:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 and 272.

**Decision rationale:** The patient is a 65 year old with evidence of a possible mild right carpal tunnel syndrome supported by electrodiagnostic studies. From page 272, Table 11-7, recommendations include a corticosteroid injection into the carpal tunnel after failure of splinting and medication for mild to moderate cases of carpal tunnel syndrome. The patient has been documented to have undergone splinting and medication but has not been documented to have undergone a steroid injection (or reasoning for why this was not performed). In addition, there was no indication in the records presented that a severe condition likely existed which could obviate the need for further conservative management or steroid injection. Also, from page 270 patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. Therefore, right carpal tunnel release should not be considered medically necessary for this patient.