

<b>Case Number:</b>	CM15-0058922		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	03/11/2014
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/24/2015
<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: 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 56 year old female, who sustained a work/ industrial injury on 3/11/14. She has reported initial symptoms of pain to right wrist with occasional tingling and numbness and trigger finger symptoms in the thumb. The injured worker was diagnosed as having trigger thumb, carpal tunnel syndrome. Treatments to date included medication, diagnostics, and orthopedic consultation. Electromyogram/nerve conduction velocity (EMG/NCV) was performed on 8/27/14 and consistent with mild median neuropathy with the sensory conduction speed mildly delayed at 3.8 ms, but motor onset latency falling well within normal limits at 3.6 mf. Currently, the injured worker complains of pain, weakness, stiffness, and cramping in the right wrist and thumb, rated 6/10. The treating physician's report (PR-2) from 1/13/15 indicated the injured worker continued to have pain to the right trapezius to shoulder to hand with occasional numbness. Cervical range of motion was 90%, motor strength was 5/5, and right elbow positive tenderness to palpation. Treatment plan included Carpal Tunnel Release surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carpal Tunnel Release:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 327.

**Decision rationale:** The records reviewed do not document any conservative treatment of the mild carpal tunnel syndrome. No trial of splinting. No injections. Treatment such as therapy has been for unrelated symptoms, such as in the back and around the shoulder. The CA MTUS and generally accepted treatment guidelines support consideration of surgery only in cases which have failed to respond to conservative treatment. In this case, conservative treatment has not been performed and carpal tunnel surgery is not medically necessary and appropriate at this time.