

<b>Case Number:</b>	CM15-0059516		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	05/14/2014
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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, 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 46-year-old male who reported an injury on 05/13/2014. The mechanism of injury was repetitive wrist use. The clinical note from 02/26/2015 noted that the injured worker stated that his bilateral wrists were giving him pain. He started having numbness with most activities. He also noted that he had not been wearing his braces at work. He stated that he stopped wearing them 3 weeks prior to the visit on 02/26/2015. He stated that he stopped wearing them to "test the water" and he noted that there was bilateral basilar thumb pain and both hands were falling asleep through the long fingers. The median nerve compression test was mildly positive on the left and a Tinel's test was equivocal bilaterally. The bilateral wrists had full range of motion with normal symmetric motion in all planes. The abductor pollicis brevis muscles had normal strength and tone. The Watson's and Finkelstein's tests were negative and TMCJ grind tests were mildly positive bilaterally without crepitus. The radial, median, and ulnar motor sensory functions were grossly normal. The scaphotrapezial joints were mildly tender volarly. The treatment plan was for the injured worker to have surgical management of his carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left carpal tunnel release and trapeziometacarpal joint steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271, 263-264.

**Decision rationale:** The injured worker has bilateral wrist pain as well as numbness with activities. He stopped wearing his wrist braces 3 weeks prior to the 02/26/2015 visit to "test the water." He stated that after he removed his braces, he noted bilateral basilar thumb pain and both hands were falling asleep through the long fingers. The physical examination noted that the injured worker had a median nerve compression test that was mildly positive on the left side and that the Tinel's were equivocal bilaterally. The wrists had full range of motion in all planes. The TMCJ grind tests were mildly positive bilaterally without crepitus. The Alan's test revealed normal hand protrusion via both radial and ulnar arteries. The documentation also noted that the injured worker had classic persistent carpal tunnel syndrome and the electrodiagnostic studies were positive. The California Medical Treatment Guidelines/ACOEM note that surgical considerations for carpal tunnel are considered if a patient has red flags of a serious nature of the patient fails to respond to conservative management (including work site modifications). They also noted that patients with modest symptoms display the poorest postsurgery results. The documentation provided does not clearly indicate that the injured worker has failed to respond to conservative management. The injured worker had removed his splinting braces that were prescribed to him to "test the waters." The documentation also noted that the injured worker had a mildly positive Tinel's. In regard to the request for a trapeziometacarpal joint steroid injection, the guidelines recommend injections for De Quervain's tenosynovitis and trigger finger. The documentation does note that the injured worker has mildly tender scaphotrapezial joints. Therefore, the request for a trapeziometacarpal joint steroid injection would be recommended. However, the request for left carpal tunnel release is not supported. Therefore, the request for left carpal tunnel release and trapeziometacarpal joint steroid injection is not medically necessary.