

<b>Case Number:</b>	CM15-0060910		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	09/16/2014
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: Minnesota, Florida

Certification(s)/Specialty: Orthopedic 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 36-year-old female, who sustained an industrial injury on September 16, 2014. She reported working on a radish farm with numbness in the left hand. The injured worker was diagnosed as having tendinitis, de Quervain's, and carpal tunnel syndrome. Treatment to date has included electromyography (EMG)/nerve conduction velocity (NCV), splinting, therapeutic injection, and medication. Currently, the injured worker complains of left wrist pain. The Treating Physician's report dated March 10, 2015, noted the injured worker reporting the injections in her left wrist had helped for a temporary period of time only to reoccur. The Physician noted no swelling, with tenderness over the first dorsal compartment of the left wrist with ulnar deviation, and decreased sensation of the median distribution of the left hand with normal motor function. The Physician noted that the de Quervain's tenosynovitis of the left wrist and the left wrist carpal tunnel syndrome needed to be treated surgically under local anesthesia, awaiting authorization to proceed with surgery. The injured worker was noted to be placed on Meloxicam daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left carpal tunnel release:** Upheld

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

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

**Decision rationale:** The injured worker is a 36-year-old female with a date of injury of 9/16/2014. Her diagnoses include tendinitis, de Quervain's disease, and carpal tunnel syndrome. The electrophysiologic study dated 1/27/2015 indicated borderline mild left carpal tunnel syndrome. The distal motor latency of the left median nerve at the wrist was 3.4 ms with the normal being up to 4.2 ms. The sensory latency of the left median nerve was 3.4 ms with the normal being up to 4.2 ms. Needle electromyography of the abductor pollicis brevis muscle was normal with no evidence of denervation. The physical examination findings do not document any sensory deficit although subjective hypoesthesia was reported in the thumb, index and middle fingers of the left hand. On 1/27/2015, Tinel's and Phalen's as well as median nerve compression test were positive on the left side. An injection into the first dorsal compartment helped significantly for 15 days. California MTUS guidelines indicate specificity of an abnormal Katz hand diagram, abnormal Semmes Weinstein test, positive Durkan's test and night pain is 99%. Flick sign is 96% specific. Static 2 point discrimination greater than 6 mm is 99% specific. Surgical considerations depending on the confirmed diagnosis of the presenting hand or wrist complaint. Referral for hand surgery may be indicated in patients who have clear clinical and special steady evidence of a lesion that has been shown to benefit in both the short and long-term from surgical intervention. Patients with the mildest of symptoms displayed the poorest post surgery results. The electrodiagnostic studies did not confirm the presence of carpal tunnel syndrome. The guidelines indicate that carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction tests before surgery is indicated. As such, on the basis of the physical examination findings as well as the non-diagnostic nerve conduction study, the medical necessity for a carpal tunnel release is not supported by evidence-based guidelines and the surgical request is not medically necessary.