

<b>Case Number:</b>	CM15-0080099		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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 52 year old female with symptoms attributed to the cumulative effects of occupational activities through June 12, 2012. She has symptoms of carpal tunnel syndrome including numbness predominantly in the long and ring fingers and not involving the small finger and symptoms, which wake her from sleep at night. She had mild median neuropathy at the wrist confirmed by November 30, 2012 electrodiagnostic testing when there was slowing of the distal median sensory latency to 4.33 ms and short segment sensory latency to 2.55 ms. She has been treated with night splinting and carpal tunnel corticosteroid injection, which was temporarily helpful, but symptoms have recurred. The request is for endoscopic versus open carpal tunnel release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Endoscopic vs open Carpal Tunnel Release:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** In this case, I am reversing the decision of the UR physician as I have greater information available. Records provided for my review document classic symptoms of carpal tunnel syndrome confirmed by November 30, 2012 electrodiagnostic testing and persistent despite appropriate conservative treatment including splinting and carpal tunnel corticosteroid injection which temporarily alleviated her symptoms. Therefore, the request for carpal tunnel decompression surgery is medically necessary and appropriate.