

<b>Case Number:</b>	CM15-0088938		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	04/16/2013
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 33 year old female who reported a specific industrial injury on April 16, 2013 while working as a nursing assistant when a patient lift slipped. She has reported injury to the right elbow and right hand and has been diagnosed with right carpal tunnel syndrome, right forearm tendinitis, right wrist strain/sprain, right lateral epicondylitis, right radial tunnel syndrome, trapezial and paracervical strain, and status post right cubital tunnel release with anterior submuscular transposition of the ulnar nerve and medial epicondylar repair. Treatment has included rest, splinting, corticosteroid injections, medications, and therapy. Physical examination noted mild tenderness over the medial aspect of the right elbow. The Tinel's sign and elbow flexion test were negative at the cubital tunnels. There was mild radial tunnel and lateral epicondylar tenderness on the right. The Tinel's sign and Phalen's test were positive at the right carpal tunnel and negative on the left. The treatment request is for right carpal tunnel release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Carpal Tunnel Release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265; 270.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-270.

**Decision rationale:** In this case, the specific mechanism of injury, catching and supporting a tipping patient lift on April 16, 2013, is not consistent with a diagnosis of carpal tunnel syndrome. The injured worker is not working and there is no plausible occupational aggravation of carpal tunnel syndrome. The majority of reported symptoms, such as all of those around the elbow for which elbow surgery was performed, are inconsistent with a diagnosis of carpal tunnel syndrome. The CA MTUS notes that, "Several traditional findings of carpal tunnel syndrome (CTS) have limited specific diagnostic value (p 258)" and recommends the diagnosis be supported by electrodiagnostic test results. Records reviewed suggest electrodiagnostic testing was performed on two occasions, June 14, 2013 and September 17, 2014, and was normal on both occasions; the September 17, 2014 results were provided for review and median compound muscle action potentials, sensory nerve action potentials, distal latencies and calculated nerve conduction velocities were normal and the testing physician concluded there was, "No evidence of carpal tunnel syndrome." Neither the subjective/historical information or the objective test results support a diagnosis of carpal tunnel syndrome. Therefore, carpal tunnel surgery is not indicated.