

<b>Case Number:</b>	CM13-0041780		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	01/21/1992
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 61-year-old male who was injured on 01/22/92. Medical records provided for review specific to the claimant's right wrist identify a request for carpal tunnel release surgery. The report of a 06/05/13 electrodiagnostic study demonstrated mild carpal tunnel syndrome bilaterally. The follow up progress report of 09/24/13 noted continued numbness and tingling worse in the evenings despite conservative measures. The records also document that the claimant is status post a prior right carpal tunnel release surgery in the 1990s. The examination showed a positive Tinel's and Phalen's tests, a revision carpal tunnel release procedure is recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CARPAL TUNNEL RELEASE FOR THE RIGHT WRIST:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines Carpal Tunnel Syndrome (Acute & Chronic).

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

**Decision rationale:** This individual is nearly 20 years following carpal tunnel release surgery with recurrent symptoms, positive physical examination findings and concordant compressive findings on electrodiagnostic studies. The proposed carpal tunnel release meets the ACOEM Guidelines' Criteria. As such, the request is medically necessary and appropriate.