

<b>Case Number:</b>	CM14-0010700		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/01/2012
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 patient is a 58-year-old female who has submitted a claim for Bilateral Carpal Tunnel Syndrome associated with an industrial injury date of April 1, 2012. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of progressive numbness of the left thumb and index finger and intermittent numbness of the ring and small fingers bilaterally. She also reported that she is awakened at night due to pain. On physical examination, the Tinel's, Phalen's, and Durkan's tests were positive on the left. The elbow flexion test and Tinel's sign at the cubital tunnel were negative. Electrodiagnostic studies dated August 29, 2013 revealed the presence of right carpal tunnel syndrome affecting the sensory and motor branches of the median nerve and no evidence of abnormality for the left upper extremity on nerve conduction study. The treatment to date has included medications, activity modification, night splint, physical therapy, and decompression of the median nerve at the right wrist. The utilization review from December 31, 2013 denied the request for carpal tunnel release left wrist surgery because the guideline criteria were not met and there was no documentation of electrodiagnostic studies, with evidence of left-sided carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CARPAL TUNNEL RELEASE LEFT WRIST SURGERY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal

tunnel syndrome chapter, Carpal tunnel release surgery (CTR); and ODG Indications for Surgery, Carpal tunnel release.

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

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature or have failed to respond to conservative management, including worksite modifications. In addition, the guidelines state that before surgical decompression of the median nerve is undertaken, carpal tunnel syndrome (CTS) must be proven by positive findings on clinical examination and the diagnosis should be supported by nerve conduction tests. Furthermore, the guidelines state that patients with mild symptoms display the poorest postsurgery results while patients with moderate or severe CTS have better outcomes from surgery. In this case, there was no evidence of abnormality for the left upper extremity on nerve conduction study. Moreover, there was no discussion regarding failure of conservative management for the left wrist. There is no clear indication for carpal tunnel release surgery for the left wrist at this time. Therefore, the request is not medically necessary.