

<b>Case Number:</b>	CM14-0116958		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/10/2014
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 Hand Surgery, and is licensed to practice in Texas. 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 injured worker is a 53-year-old female who reported an injury on 08/27/1999 due to cumulative trauma. On 06/10/2014 the injured worker presented with constant pain and weakness in the bilateral hands. Upon examination, there was weakness in the right and left short abductors and a positive bilateral Tinel's sign of the carpal ligament. Diagnoses were bilateral carpal tunnel syndrome. An EMG performed on the right upper extremity on 11/07/2013 revealed electrophysiological evidence of a median entrapment neuropathy at the level of the wrists, of a moderate degree. Prior therapies were not provided. The provider recommended a carpal tunnel release with associate labs. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carpal Tunnel Release with associated labs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter.

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

**Decision rationale:** The California MTUS/ACOEM Guidelines state surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding the likely outcomes, risks and benefits, and especially expectations is very important. Surgical decompression of the median nerve usually relieves carpal tunnel syndrome symptoms. High quality scientific evidence shows success in the majority of injured workers with an electrodiagnostically confirmed diagnosis of carpal tunnel syndrome. Injured workers with the mildest symptoms display the best postsurgery results. The injured worker must have had red flags of a serious nature, failure to respond to conservative treatment and clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. There is lack of documentation indicated in the medical documents provided of the injured worker's failure to respond to conservative treatments to include medications and physical therapy. Additionally, the provider does not indicate the side the carpal tunnel release is indicated for in the request as submitted. There were clear electrodiagnostic studies, as well as physical examination findings to support a carpal tunnel release on the right side. However, there is lack of documentation of failed conservative measures and clear indication in the request as to which side the surgery was intended for. As such, medical necessity has not been established.