

<b>Case Number:</b>	CM14-0157502		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Surgeon, Hand Surgeon and is licensed to practice in South Carolina and Tennessee. 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 48-year-old female who reported an injury on 07/12/2012. The mechanism of injury was not submitted for clinical review. The diagnoses included triangular fibrocartilage complex tear of the right wrist, status post debridement and arthroscopy, and fasciotomy right elbow. Previous treatments included medication. Diagnostic testing included EMG/NCV. Per the clinical note dated 08/01/2014 it was reported the injured worker complained of pain and numbness and tingling to the right hand. She reported the pain keeps her awake at night. The patient is taking Norco and tramadol. On physical examination, the provider noted the patient to have a positive Tinel's and Phalen's test. There was a positive carpal compression test noted. The EMG dated 07/08/2014 revealed no electro-diagnostic evidence of cervical radiculopathy, or electro-diagnostic evidence of carpal tunnel syndrome or ulnar neuropathy at the right wrist or elbow. The provider requested a right carpal tunnel release surgery. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 08/01/2014.

### 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, 272. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Carpal Tunnel Syndrome

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

**Decision rationale:** The request for right carpal tunnel release is not medically necessary. The California MTUS Guidelines state surgical decompression of the median nerve usually relieves carpal tunnel syndrome symptoms. High quality scientific evidence shows success in majority of injured workers with electro-diagnostically confirmed diagnosis of carpal tunnel syndrome. The injured workers with the mildest symptoms display the poorest post-surgical results. Injured workers with moderate to severe carpal tunnel syndrome have better outcomes from surgery than splinting. Carpal tunnel syndrome must be provided by positive findings on a clinical examination and diagnosis should be supported by nerve conduction tests before surgery is undertaken. Mild carpal tunnel syndrome with normal electrodiagnostic studies exists, but moderate to severe carpal tunnel syndrome with normal electrodiagnostic studies are very rare. Positive electrodiagnostic studies in asymptomatic individuals are not carpal tunnel syndrome. The clinical documentation submitted indicated the injured worker underwent an electromyography and nerve conduction velocity study revealed to be normal. The study additionally noted the injured worker showed no electrodiagnostic evidence of carpal tunnel syndrome or ulnar neuropathy at the wrist or elbow of the right hand. Therefore, the request is not medically necessary.