

<b>Case Number:</b>	CM14-0182835		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	09/16/2011
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Orthopaedic 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:

This 54-year-old female process engineering technician sustained an industrial injury on 9/16/11. Injury occurred relative to repetitive work activities. Past medical history was positive for diabetes mellitus type II and hypertension. Past surgical history was positive for left ulnar surgery and carpal tunnel release in February 2012, right trigger thumb release in 2012, and right carpal tunnel release on 1/15/14. The 6/19/14 upper extremity electrodiagnostic study revealed findings consistent with severe right carpal tunnel syndrome. The 8/26/14 orthopedic consult report cited near constant burning sensation to the right thumb, 2nd and 3rd fingers that woke her from sleep. Nothing helped relieve the pain. She reported no light touch sensation to those digits and had to look at items to make sure of her grip. She often dropped items. Significant functional loss was noted in upper extremity use. Physical exam documented intact needle sensation and absent light touch sensation to the right thumb, 2nd and 3rd fingers with a lump on the underside of her wrist over the surgical incision. Wrist range of motion was normal with positive Phalen's and Durkan's tests. There was significant loss of right grip strength. X-rays were obtained of the right wrist and hand and reported as normal. The treatment plan recommended open external neurolysis of the median nerve at the wrist with possible need for median nerve repair. The 10/15/14 utilization review denied the request for right carpal tunnel release as there was no evidence of conservative treatment for this recurrence.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Open right carpal tunnel release, median nerve neurolysis, possible neuroorrhaphy:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Worker's Compensation, Online Edition, Carpal tunnel syndrome, Carpal tunnel release surgery (CTR)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, Carpal tunnel release surgery (CTR)

**Decision rationale:** The California MTUS guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. The Official Disability Guidelines recommend carpal tunnel release for severe carpal tunnel syndrome with evidence of severe weakness, positive 2-point discrimination test, and positive electrodiagnostic testing. Guideline criteria have been met. This patient presents with significant weakness, sensory changes, functional loss, and electrodiagnostic evidence consistent with severe entrapment of the median nerve at the right wrist. Reasonable conservative treatment is noted. Therefore, this request is medically necessary.