

<b>Case Number:</b>	CM14-0080139		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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, 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 47-year-old female who reported an injury on 12/15/2011. The mechanism of injury was repetitive trauma. The documentation indicated the injured worker had electrodiagnostic studies on 01/26/2012 which revealed moderate carpal tunnel bilaterally with findings of bilateral C7 radiculopathy. The injured worker underwent a right carpal tunnel release on 12/09/2013. The documentation of 05/06/2014 revealed the injured worker had developed locking of her right thumb and had a history of left carpal tunnel syndrome. The injured worker indicated the symptoms were getting worse on the left and requested a carpal tunnel surgery. The physician opined that the injured worker should be approved for a left carpal tunnel release as it is a compensable consequence of her right carpal tunnel surgery. There was a Request for Authorization form dated 05/09/2014 for the requested procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carpal Tunnel Surgery, outpatient:** Upheld

**Claims Administrator 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-Carpal tunnel release surgery.

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

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate a referral for surgical consultation may be appropriate for injured workers who have red flags of a serious nature, have a failure to respond to conservative management, including work site modifications and have 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. Additionally, carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction studies before surgery is undertaken. The clinical documentation submitted for review indicated the injured worker had positive electrodiagnostic study testing in 2012. However, there was a lack of documentation indicating prior conservative care, including the use of bracing for carpal tunnel syndrome. There was a lack of documentation indicating the injured worker had been injected with corticosteroids to the left wrist to support the diagnosis. There were no objective findings submitted for review to support the injured worker had the clinical picture of carpal tunnel syndrome. The request as submitted failed to indicate the request was for a left carpal tunnel surgery. Given the above, the request for carpal tunnel surgery, outpatient is not medically necessary.