

<b>Case Number:</b>	CM14-0131285		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	03/28/2014
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2014

### 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 Minnesota. 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 46 year old female with bilateral hand and wrist pain and paresthesias. She also has chronic neck pain with radiation to the upper extremities. The injury date is 3/28/2014 secondary to repetitive motion trauma. A nerve conduction study was consistent with mild bilateral carpal tunnel syndrome. Exam note of 7/23/2014 indicates positive median nerve compression test but equivocal Tinels. No sensory exam or motor exam pertaining to the median nerves is documented. The disputed issue pertains to a request for right and left carpal tunnel releases. The request was non-certified by utilization review for lack of a detailed sensory and motor exam. The denial of 8/12/2014 was for right and left carpal tunnel releases.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Carpal Tunnel Release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-261.

**Decision rationale:** California MTUS guidelines indicate that patients with mild carpal tunnel syndrome display the poorest post-surgery results; patients with moderate or severe carpal tunnel

syndrome have better surgical outcomes. The guidelines also state that carpal tunnel syndrome does not produce hand or wrist pain. It most often causes digital numbness or tingling in the thumb, index, and long finger or numbness in the wrist. Symptoms of pain, numbness and tingling in the hands are common in the general population but only one in five would be expected to have carpal tunnel syndrome based on clinical examination and electrophysiologic testing. The injured worker complains of bilateral upper extremity and neck pain. The electrodiagnostic studies show mild changes and the distal median motor latencies are not prolonged. In the presence of neck pain additional causes have to be considered. Therefore a clinical examination is important. This may include a Katz diagram, Semmes-Weinstein test, Phalen's sign, and square wrist sign which were not documented. The Tinel's was equivocal and Durkan's test was said to be positive. Nocturnal paresthesias, weak thumb abduction strength, hypoalgesia in the median distribution, 2 point discrimination greater than 6 mm, and thenar atrophy are other useful findings that were not documented. A carpal tunnel injection of corticosteroids and lidocaine will help confirm the diagnosis. The documentation indicates that this was not done. Based upon the above, the request for a carpal tunnel release as stated is not medically necessary.