

<b>Case Number:</b>	CM14-0218545		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	11/30/2009
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 51-year-old female who reported an injury on 11/30/2009. The injured worker underwent a right carpal tunnel release on 08/28/2013. The documentation of 11/17/2014 revealed the injured worker had wrist pain, stiff fingers, neck pain, and shoulder pain. The mechanism of injury was not provided. There was a Request for Authorization submitted for review. The documentation of 12/23/2014 revealed a request for carpal tunnel surgery. The documentation of 11/17/2014 revealed the injured worker was a seamstress and was making parachutes. The injured worker had right pain that began 10 years previously. The injured worker had been treated for triggering of the right index finger and middle finger and for right carpal tunnel syndrome. The injured worker had cortisone injections in her fingers with temporary relief of symptoms. The injured worker complained of pain in the right index finger without catching and pain in the right thumb without catching. The injured worker had complaints of pain in all 5 digits of her right hand and numbness in the fingers of her right hand. The injured worker indicated she wakes 5 nights per week with right hand pain. The injured worker experienced strength in her right hand that was diminished. The physical examination revealed the injured worker was wearing a Comfort Cool right thumb support. Sensation to light touch was decreased on the right thumb, index, and middle finger. The injured worker had normal sensation to touch in the right ring and little fingers. 2 point discrimination in the right hand was 4 mm for the thumb, index, and middle fingers and 3 mm for the ring and little fingers. The injured worker's strength of the thenar, 1st dorsal interosseous, and abductor digiti minimi muscles of 4/5 with giving way. The injured worker had a positive Phalen's test on the right.

Compression of the median nerve at the right elbow produced numbness of the right metacarpophalangeal joint. The injured worker had x-rays of the right wrist on 07/23/2013, which revealed normal bony alignment of the carpal bones. The scapholunate space was 2 mm. The diagnoses included triggering and locking of the right middle finger and tenosynovitis of the right index finger. The treatment plan indicated the request was made for surgery to decompress the A1 pulley of the right middle finger. Authorization was requested for a release of the A1 pulley of the right index and middle fingers. The Request For Authorization dated 11/19/2014 was for a right carpal tunnel release, tenovagotomy of the right index and middle finger and preoperative labs, CBC, UA, SMA 20, and EKG dated 11/19/2014.

### **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): 270; 264-265, 273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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 indicates that carpal tunnel releases are appropriate for the diagnosis of carpal tunnel syndrome when there has been documentation of objective findings upon examination that have corroborated by electrodiagnostic testing. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination. However, there was a lack of documentation of electrodiagnostic studies. Additionally, the requested treatment per the physician documentation was not for a carpal tunnel surgery, it was for a trigger finger release. Given the above and the lack of clarification, the request for right carpal tunnel release is not medically necessary.