

<b>Case Number:</b>	CM15-0001084		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	10/30/2013
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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

### 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 45 year old female who sustained an industrial injury on 10/30/13. The injured worker reported symptoms in the left hand. The diagnoses included carpal tunnel syndrome. Treatments to date have included physical therapy. PR2 dated 11/17/14 noted the injured worker presents with "tingling and numbness to left hand on and off" the treating physician is requesting left carpal tunnel release, pre-operative medical clearance and post-operative physical therapy three times a week for three weeks for the left wrist. On 12/1/14, Utilization Review non-certified a request for left carpal tunnel release, pre-operative medical clearance and post-operative physical therapy three times a week for three weeks for the left wrist. The California Medical Treatment Utilization Schedule, American College of Occupation and Environmental Medicine Guidelines was cited.

### 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 Page(s): 270.

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

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case there is lack of evidence in the records from 11/17/14 of electrodiagnostic evidence of carpal tunnel syndrome. In addition, there is lack of evidence of failed bracing or injections in the records. Therefore the determination is for non-certification.

**Associated surgical service: Pre-op medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated surgical service: Post-op Physical Therapy 3 times a week for 3 weeks for the left wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.