

<b>Case Number:</b>	CM15-0003025		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	04/15/2014
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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 36 old female injured worker suffered and industrial injury on 4/15/2014. The diagnoses were right greater than left carpal tunnel syndrome and right shoulder impingement syndrome. The diagnostic studies were electromyography/nerve conduction velocity and x-rays. The treatments were splinting, medications, wrist injection and physical therapy. The treating provider reported right worse than left hand pain and that both hands still go numb. On exam she has a positive Tinel sign to the right carpal tunnel. Exam note 11/17/14 demonstrates report that numbness and tingling has resolved but persistent wrist pain is noted. Positive Durkan's sign is noted bilaterally. Mild tenderness is noted over the right trapezius muscle and right deltoid muscle. Moderate right carpal tunnel syndrome is noted from 9/29/14. The Utilization Review Determination on 12/30/2014 non-certified right carpal tunnel release, citing ODG.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome

**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 evidence in the records of improvement in carpal tunnel symptoms from the exam note of 11/17/14. Therefore the determination is for non-certification.