

<b>Case Number:</b>	CM15-0109342		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	03/19/2015
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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, Hand 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 28 year old female who sustained an industrial injury on 03/19/2015. Mechanism of injury occurred when she struck the edge of a desk which produced immediate pain. Diagnoses include median nerve entrapment, and numbness. Treatment to date has included diagnostic studies, medications, and use of a wrist splint. On 04/24/2015 a Magnetic Resonance Imaging of the left wrist revealed no evidence of fracture or contusion, mild extensor carpi ulnaris tendinopathy, and mild enlargement and signal alteration of the median nerve, raising question of neuritis. EMG and Nerve Conduction Study of the left wrist were normal. Medications include Norco, Levsin, Lamictal, Temazepam, Protonix, and Ibuprofen as directed. A physician progress note dated 05/18/2015 documents the injured worker complains of pain in her left wrist. She states that she is still having pain that shoots from her hand up to her shoulder, and from her shoulder down into the fingers. There is a pressure sensation and a sense of pulling in her fingers. She has an electric shock finger sensations, popping sensations and minimal sensations in her fingertips, including index, long and ring fingers and intermittently into the thumb. She reports no pain in her wrist or hand at this time. Sensation to light touch is diminished in the thumb, index and long fingers. Median nerve compression is positive. Grip strength is diminished. She is temporarily partially disabled until the next office visit. Treatment plan is for a gel wrist wrap. Treatment requested is for left wrist endoscopic carpal tunnel release, possible open.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left wrist endoscopic carpal tunnel release, possible open:** 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): 260-270.

**Decision rationale:** The mechanism of injury "bumping the back of the hand on a desk without severe injury such as laceration or fracture" would not cause carpal tunnel syndrome. The California MTUS notes that, "traditional findings of carpal tunnel syndrome have limited specific diagnostic value" and recommends the diagnosis be supported by electrodiagnostic testing. April 24, 2015 electrodiagnostic testing revealed no evidence of carpal tunnel syndrome; the distal sensory peak latency and motor onset latency fell well within accepted normal limits at 3.0 and 3.9 ms respectively and there was no evidence of denervation with abductor pollicis brevis electromyography. The request for authorization lists a diagnosis of "severe left carpal tunnel syndrome" which is incorrect. Carpal tunnel release surgery is not medically necessary.