

<b>Case Number:</b>	CM15-0014554		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	03/19/2014
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: Illinois, California, Texas  
 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 37 year old female injured worker suffered an industrial injury on 3/19/2014. The injured worker reported a twisting injury and a pop in her right wrist. She was diagnosed with a right incomplete lunate fracture treated with thumb spica casting, right triangular fibrocartilage sprain, and right carpal tunnel syndrome. Records documented conservative treatment to include activity modification, carpal tunnel corticosteroid injection, immobilization, bracing, topical medication, oral medications, and physical therapy. The 12/23/14 electrodiagnostic study documented evidence consistent with mild right carpal tunnel syndrome, and right mild ulnar neuropathy. The 1/6/15 orthopedic report cited right forearm and wrist pain with thumb numbness. Pain was 2/10 at rest and 8/10 with activity. Physical exam documented full range of motion of the wrist and fingers, partial numbing in the index and middle finger pads, positive Tinel's, and decreased right grip strength. The treatment plan recommended right carpal tunnel release. The Utilization Review Determination on 1/26/2015 non-certified right wrist carpal tunnel release based on an absence of documented failed physical therapy and injection therapy, citing MTUS ACOEM.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carpel tunnel release right wrist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Chapter 7- Independent Medical Examinations and Consultations and the Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition Chapter: Carpal Tunnel Syndrome, Carpal tunnel release surgery (CTR)

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

**Decision rationale:** The California MTUS guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. Guideline criteria have been met. This patient presents with signs/symptoms and clinical findings consistent with electrodiagnostic evidence of carpal tunnel syndrome. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including injection and physical therapy, and failure has been submitted. Therefore, this request is medically necessary.