

<b>Case Number:</b>	CM15-0016584		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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, 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 reported an injury on 04/23/2013, due to an unspecified mechanism of injury. She underwent electrodiagnostic studies on 09/22/2014, which were noted to be normal. On 12/02/2014, she presented for a followup evaluation. She reported pain in the left shoulder, right wrist, and left wrist with associated numbness in the hand. A physical examination of the left shoulder showed 160 degrees of abduction, positive shoulder impingement sign; the right and left hand showed 70 degrees of flexion and extension with a positive Phalen's. She was diagnosed with right and left carpal tunnel syndrome and left shoulder impingement. The treatment plan was for a left carpal tunnel release to alleviate the injured worker's symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left wrist carpal tunnel release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation ODG Carpal Tunnel Syndrome

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**Decision rationale:** The California ACOEM Guidelines indicate that carpal tunnel syndrome must be proved by positive findings on clinical examination, and the diagnosis should be supported by nerve conduction studies before surgery is undertaken. The injured worker's nerve conduction studies were noted to be normal and did not show evidence of carpal tunnel syndrome on the left or right. Also, there is a lack of clinical documentation indicating that the injured worker has positive signs and symptoms of carpal tunnel syndrome, or that she has failed recommended conservative care. Therefore, the request is not supported. As such, the request is not medically necessary.