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| <b>Case Number:</b>   | CM15-0111663 |                              |            |
| <b>Date Assigned:</b> | 06/22/2015   | <b>Date of Injury:</b>       | 05/04/2013 |
| <b>Decision Date:</b> | 07/21/2015   | <b>UR Denial Date:</b>       | 05/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/09/2015 |

### 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: Montana, Oregon, Idaho  
 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 52 year old, male who sustained a work related injury on 5/4/13. He developed the right wrist injury from repetitive motions of pushing and pulling the handle of a bus. The diagnosis has included severe right wrist carpal tunnel syndrome. Treatments have included use of wrist brace, medications and home stretching program. In the Doctor's First Report of Occupational Injury or Illness dated 4/6/15, the injured worker has positive Phalen's, Tinel's and carpal compression tests with right wrist. He has tenderness over the proximal middle volar compartments. The treatment plan includes a recommendation for a surgical carpal tunnel release in right wrist. EMG studies from 7/27/12 demonstrate moderate right median neuropathy at the carpal tunnel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Endoscopic possible open carpal tunnel release (right wrist): 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 evaluate for carpal tunnel and stratify success in carpal tunnel release. These were obtained on 7/27/12. However, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case, there is lack of evidence of failed bracing or injections in the records of 04/6/2015. Therefore the request is not medically necessary.