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| <b>Case Number:</b>   | CM15-0117132 |                              |            |
| <b>Date Assigned:</b> | 06/25/2015   | <b>Date of Injury:</b>       | 05/30/2013 |
| <b>Decision Date:</b> | 08/10/2015   | <b>UR Denial Date:</b>       | 06/08/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/17/2015 |

### 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: Maryland, Virginia, North Carolina  
 Certification(s)/Specialty: Plastic 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 48 year old male with an industrial injury dated 05/30/2013. The injured worker's diagnoses include carpal tunnel syndrome and numbness and tingling/paresthesias. Treatment consisted of diagnostic studies, prescribed medications, bracing, status post right carpal tunnel release and periodic follow up visits. In a progress note dated 04/07/2015, the injured worker reported bilateral hand numbness and tingling. Physical exam revealed positive carpal tunnel compression, Phalen's and Tinel's with some generalized soreness and swelling in the hand. According to the progress note dated 05/19/2015, the treating physician noted complete relief of tingling, burning, sensations and a well healed incision. Nerve conduction study revealed positive carpal tunnel syndrome on the left with positive proactive test including Tinel's, Phalen's, and carpal tunnel compression. The treating physician prescribed services for left hand open carpal tunnel release and physical therapy 2x8 now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left hand Open Carpal Tunnel Release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-279. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Carpal Tunnel Syndrome Chapter (Online Version).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 and 272.

**Decision rationale:** The patient is a 48 year old male with signs and symptoms of a possible mild left carpal tunnel syndrome that has failed conservative management of medications and bracing that is supported by EDS. However, there has not been sufficient documentation for a consideration for a steroid injection to the left carpal tunnel as recommended by ACOEM in mild to moderate cases. From page 270, ACOEM, Chapter 11, 'Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare.' Further from page 272, Table 11-7, injection of corticosteroids into the carpal tunnel is recommended in mild to moderate cases of carpal tunnel syndrome after trial of splinting and medication. Therefore, as there has not been documentation of a steroid injection or at least justification for not performing one, left carpal tunnel release should not be considered medically necessary, as outlined by ACOEM.

**Physical therapy 2x8:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.