

<b>Case Number:</b>	CM15-0120581		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	10/24/2013
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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 42 year old female, who sustained an industrial/work injury on 10/24/13. She reported initial complaints of pain, numbness, tingling, and swelling in the left wrist and pain in left elbow with radiation into the entire upper extremity. The injured worker was diagnosed as having radial styloid tenosynovitis and possible carpal tunnel syndrome. Treatment to date has included medication, De Quervain's release, chiropractic treatment, and diagnostic testing. MRI results were reported on 11/14/14. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 2/6/15 with findings consistent with a mild carpal tunnel syndrome on the right. Currently, the injured worker complains of pain and numbness in the left shoulder, elbow, and wrist. Per the primary physician's progress report (PR-2) on 4/17/15, examination revealed positive Tinel's on the left wrist and elbow, positive Phalen's on the left. Current plan of care included requesting surgery. The requested treatments include carpal tunnel release, left wrist and post-operative physical therapy to the left wrist. Documentation from 10/14/14 note findings of left carpal tunnel syndrome and recommendation for splinting, medical management, and activity modification and electrodiagnostic studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy three times a week for three weeks, left wrist, QTY: 9:**  
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.

**Carpal Tunnel Release, Left Wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal tunnel syndrome chapter, Carpal tunnel release surgery (CTR).

**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 42 year old female with signs and symptoms of possible left carpal tunnel syndrome that has failed conservative management of splinting, medical management and activity modification. However, the EDS do not support a left carpal tunnel syndrome, but show evidence of a mild right carpal tunnel syndrome. In addition, a consideration for a steroid injection to the left carpal tunnel to facilitate the diagnosis was not documented. Given these findings, left carpal tunnel release should not be considered medically necessary based on ACOEM guidelines. 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 to the carpal tunnel is recommended in mild to moderate cases of carpal tunnel syndrome after trial of splinting and medication. Although the patient has findings of a possible left carpal tunnel syndrome, it is not supported by EDS. Conservative management to include a steroid injection has not been documented. A positive response to a steroid injection may help to facilitate the diagnosis, especially considering the findings on EDS. Therefore, this request is not medically necessary.