

<b>Case Number:</b>	CM15-0125894		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	10/20/2010
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand 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 53 year old female, who sustained an industrial injury on 10/20/10. The injured worker has complaints of neck pain with stiffness; pain in the right upper extremity, both wrists, upper and lower back. The documentation noted that the injured workers left wrist is getting worse. The diagnoses have included carpal tunnel syndrome; shoulder impingement and rotator cuff tear. Treatment to date has included magnetic resonance imaging (MRI) left shoulder; injections; left wrist brace; transdermal ointment to use topically for pain and injections. The request was for left carpal tunnel release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left carpal tunnel release:** 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:** The carpal tunnel release is not medically necessary. According to the ACOEM guidelines, Chapter 11, page 270, "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." Although the patient's nerve conduction studies show moderate to severe carpal tunnel syndrome, the records do not include office notes that document a hand exam. Specifically, there is no documentation of positive Tinel, Phalen or Durkan sign, sensory changes in the fingers or hand weakness. There is no documentation of a recent hand exam. The ACOEM guidelines are not met. The request is not medically necessary.