

<b>Case Number:</b>	CM15-0127052		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	02/19/2010
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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, Hand 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 51 year old female who sustained an industrial injury on February 19, 2010. She has reported bilateral shoulder pain and right hand pain and has been diagnosed with right de Quervain's tenosynovitis, right trigger thumb, and left carpal tunnel syndrome. Treatment has included injections, medical imaging, surgery, and medications. She had full range of motion of both wrists. Finklestein test was positive bilaterally, right worse than left. She had a painful trigger thumb on the right, and the A1 pulley was tender to palpation, reproducing her pain. The treatment request included a 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-270.

**Decision rationale:** This is a request for left carpal tunnel release surgery. Records document severe (8/10) diffuse, non-anatomic symptoms in both upper extremities, the neck, the mid back and the low back as well as psychiatric illness diagnosed as adjustment disorder with mixed anxiety and depressed mood for which the injured worker is being treated with antidepressants and anxiolytics. It is noted that carpal tunnel release was performed on the opposite side on 2 occasions without success?the patient reports ongoing 8/10 right wrist pain. The results of January 6, 2015 electrodiagnostic testing are not provided for review, but an independent medical evaluator noted on March 4, 2015 that those were consistent with just "mild" left carpal tunnel syndrome. In this case only a minority of the patient's diffuse symptoms could be attributed to mild left carpal tunnel syndrome. There is no documentation of left carpal tunnel syndrome treatment or the response to such treatment. There is no reasonable expectation of substantial functional improvement following left carpal tunnel surgery, such as return to work. The request is not medically necessary.