

<b>Case Number:</b>	CM15-0170177		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	05/22/2014
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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 43-year-old female injured worker suffered an industrial injury on 5-22-2015. The diagnoses included right and left carpal tunnel syndrome, left wrist tenosynovitis, right DeQuervain's disease, right triangular fibrocartilage tear and right wrist sprain-strain. On 7-17-2015, the provider reported pain rated 7 out of 10 to both wrists. Both wrists had decreased medical nerve sensation with decreased range of motion. On 7-29-2015, the treating provider reported pain in the right wrist rated 5 to 6 out of 10 and 6 to 7 out of 10 of the left wrist. There was stiffness of the left index finger and middle finger. On exam, both wrists had moderate tenderness and swelling and decreased sensation. Prior treatments included acupuncture, chiropractic, physical therapy and wrist braces. The diagnostics included EMG 9-16-2014. The orthopedic progress note dated 3-24-2015 noted, "the results were abnormal EMG study: The above findings are consistent with bilateral medical nerve pathology vs, bilateral cervical radiculopathy. NCS report: 1. prolonged bilateral medical motor nerve parameters, which is consistent with abnormalities found in motor neuropathies. 2. Prolonged bilateral medical sensory nerve with is consistent with a secondary neuropathic process. 3. Prolonged bilateral median sensory nerve studies as would be found in early CTS. 4. Intact F-wave responses in both L and R ulnar and medical nerves are consistent w/absent proximal pathology." The injured worker had not returned to work. The Utilization Review on 8-12-2015 determined for the treatments right and left carpal tunnel release was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right carpal tunnel release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** This is a request for right carpal tunnel release surgery. A large volume of records is provided, but absent are the results of electro diagnostic testing or any records from the treating surgeon without which there is no justification for the proposed surgery. This request is not medically necessary.

**Left carpal tunnel release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** This is a request for right carpal tunnel release surgery. A large volume of records is provided, but absent are the results of electro diagnostic testing or any records from the treating surgeon without which there is no justification for the proposed surgery. This request is not medically necessary.