

<b>Case Number:</b>	CM15-0178337		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	01/07/2010
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic 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 34 year old female, who sustained an industrial injury on 01-07-2010. She has reported injury to the bilateral wrists. The injured worker has been treated for bilateral carpal tunnel syndrome; numbness; myofascial pain; and chronic pain syndrome. Treatment to date has included medications, diagnostics, ice, injections, physical-occupational therapy, home exercise program, and surgical intervention. Medications have included Voltaren ER and Lidoderm patch. Surgical intervention has included open right carpal tunnel release, on 02-27-2015. A progress report from the treating physician, dated 08-25-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of left wrist pain; the pain is about the same; she continues to have frequent flares of numbness and weakness in the left wrist; the pain is described as aching in the bilateral wrists; she gets occasional numbness in the right hand; the pain is rated as 8 out of 10 in intensity on a visual analog scale without medications; the pain is worse with lifting; the pain is better with medications, injections, and physical therapy; she had carpal tunnel release on the right hand and it helped with the pain significantly; another provider requests left carpal tunnel release; she is taking Voltaren ER for pain and anti-inflammation and Lidoderm patches as needed for pain flare-ups; and her medications are helpful. Objective findings included no swelling noted in the bilateral wrists; well-healed surgical scar noted on right wrist without signs of infection; sensation is intact and equal; tenderness to palpation at the base of the thumb on the right hand and at the left medial epicondyle; full active range of motion at the bilateral wrists and elbows; Phalen's is positive bilaterally; and the EMG (electromyography), dated 11-12-2014, revealed moderate right carpal tunnel syndrome and mild left carpal tunnel syndrome. The treatment plan has included the request for 1 left carpal tunnel release. The original utilization review, dated 09-03-2015, non-certified a request for 1 left carpal tunnel release.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 left carpal tunnel release:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) surgery for carpal tunnel syndrome.

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case, there is lack of evidence in the records from 8/25/15 of failed bracing or injections in the records. Therefore, the determination is for non-certification. The Official Disability Guidelines were also referenced for more specific recommendations. According to the Official Disability Guidelines regarding surgery for carpal tunnel syndrome, "Recommended after an accurate diagnosis of moderate or severe CTS. Surgery is not generally initially indicated for mild CTS unless symptoms persist after conservative treatment. Severe CTS requires all of the following: Muscle atrophy, severe weakness of thenar muscles, 2-point discrimination test greater than 6 mm and positive electrodiagnostic testing. Not severe CTS requires all the following: Symptoms of pain, numbness, paresthesia, impaired dexterity requiring two of the following: Abnormal Katz hand diagram scores, nocturnal symptoms, Flick sign (shaking hand); findings by physical exam, requiring two of the following including compression test, Semmes-Weinstein monofilament test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, mild thenar weakness, (thumb adduction); comorbidities of no current pregnancy; initial conservative treatment requiring three of the following: Activity modification greater than or equal to one month, night wrist splint greater than or equal to one month, nonprescription analgesia (i.e. acetaminophen), home exercise training (provided by physician, healthcare provider or therapist) or successful initial outcome from corticosteroid injection trial (optional) and positive electrodiagnostic testing." In this case, there is insufficient evidence of carpal tunnel syndrome and failure of conservative management as stated above. There is insufficient evidence of abnormal hand diagram scores, nocturnal symptoms, decreased two-point discrimination or thenar weakness to warrant surgery. Therefore, the determination is non-certification. Therefore, the requested treatment is not medically necessary.