

<b>Case Number:</b>	CM15-0178722		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	05/30/2013
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	09/03/2015
<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

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 63 year old female, who sustained an industrial injury on 5-30-2013. The injured worker was diagnosed bilateral carpal tunnel syndrome, cubital tunnel syndrome, dupuytren's contracture, acquired trigger finger. The request for authorization is for: carpal tunnel release right wrist. The UR dated 9-2-2015: non-certified carpal tunnel release right wrist. On 3-11-2015, she reported being 2 weeks past left carpal tunnel release and left elbow ulnar nerve released. She indicated having decreased pain and numbness. Physical examination revealed the left hand and elbow to be healing with some noted tenderness in the areas, full range of motion to the fingers. On 7-22-2015, she reported completing 12 physical therapy sessions for the left wrist and elbow. She reported feelings of weakness and numbness in the fingers. Physical examination of the left arm is noted to have tenderness in the elbow and no tenderness in the wrist area. On 8-10-2015, she reported feelings of weakness and numbness of the fingers on the left. She requested discussion of surgery on the right hand and elbow. Physical examination noted tenderness at the right cubital tunnel, positive Tinel's at the cubital tunnel, noted weakness in pinching and gripping strength, positive Phalen's at the wrist, and positive compression carpal tunnel test, and full range of motion to the right wrist and hand. The treatment and diagnostic testing to date has included: medications, left carpal tunnel release and left elbow ulnar nerve release, left arm splint, physical therapy post-surgery, electrodiagnostic studies (12-4-2014).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Carpal tunnel release, right wrist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers Compensation, Online Edition (2015).

**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 in an injured worker with moderate to severe right carpal tunnel syndrome confirmed by electrodiagnostic testing as well as bilateral ulnar neuropathy at the elbow confirmed by electrodiagnostic testing who has undergone surgical treatment on the opposite left side. The treating surgeon documents prior treatment such as splinting and work site adjustments which would affect both arms, such as use of voice recognition software and removing the arm rests from the work site chair. The California MTUS notes on page 270 of the incorporated ACOEM guidelines that, "high quality scientific evidence shows success (of carpal tunnel release surgery) in the majority of patients with an electrodiagnostically confirmed diagnosis of carpal tunnel syndrome" and further that, "patients with moderate or severe carpal tunnel syndrome have better outcomes from surgery than splinting." Therefore, I recommend overturning the utilization review decision since this individual has electrodiagnostically confirmed carpal tunnel syndrome with persistent symptoms despite symptomatic treatment such as splinting and further is in an unusually good position to evaluate the risks and benefits of surgery having had such surgery performed on the opposite hand. The request is medically necessary.