

<b>Case Number:</b>	CM15-0049350		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	09/09/2013
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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, 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 36-year-old female who reported an injury on 09/09/2013. The mechanism of injury was not stated. The current diagnosis is bilateral carpal tunnel syndrome. The injured worker presented on 02/19/2015 for a follow-up evaluation with complaints of tingling in the right hand. There was no comprehensive physical examination provided. Recommendations included a right carpal tunnel release. A Request for Authorization form was submitted on 02/20/2015 for a right carpal tunnel release with postoperative medication. An updated electrodiagnostic study completed on 02/19/2015 was provided and indicated right median sensorimotor neuropathy, moderately severe.

### 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 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): 270-271.

**Decision rationale:** California MTUS ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature; have failed to respond to conservative management, including work site modification; and have clear clinical and special study evidence of a lesion. Carpal tunnel syndrome must be proved by positive findings on examination and supported by nerve conduction test. In this case, there was no mention of a recent attempt at any conservative treatment. There was also no comprehensive physical examination provided on the requesting date of 02/19/2015. Given the above, the request is not medically necessary.

**Pre-operative Labs:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Tylenol #3, #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Ketorolac 10mg #20:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.