

<b>Case Number:</b>	CM15-0075459		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	01/15/2014
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Maryland, Virginia, North Carolina  
 Certification(s)/Specialty: Plastic 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 46 year old female who sustained an industrial injury on 01/15/2014. The injured worker was diagnosed with carpal tunnel syndrome, cervical strain and bilateral shoulder bursitis. Treatment to date includes diagnostic testing, physical therapy (6 sessions), splinting and medications. The injured worker is status post bilateral carpal tunnel release in 2001 prior to injury date. An Electromyography (EMG) from 1/21/15 was reported as negative however, the injured worker could not tolerate the Nerve Conduction Velocity (NCV) study and declined to repeat the examination with medications. The injured worker also declined a steroid injection. According to the treating physician's progress report on March 18, 2015, the injured worker continues to experience pain, paresthesias and numbness from the wrist to the hand. Examination of the wrists demonstrated full range of motion in flexion and extension of all digits without limitation. There was limitation in range of motion of the wrist because of pain particularly at the volar flexion. Full elbow range of motion was noted. Neurovascular examination was intact along the median, ulnar and radial nerves. A tender Tinel's sign was noted proximal to the carpal tunnels bilaterally, greater on the right. Phalen's was rapidly positive however, it caused paresthesias in all fingers of both hands. Motor examination was weak. Grip strength was weaker on the right hand. According to the physician's report on February 26, 2015, the injured worker rated her pain at 5-9/10. Shoulder motion was unrestricted in all planes with negative impingement signs. Current medications were not listed except for Hydrocodone. Treatment plan consists of physical therapy for the shoulders and the current request for a right carpal tunnel re-release with possible neurolysis.

## 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 and 272.

**Decision rationale:** The patient is a 46 year old female with signs and symptoms of a possible recurrent right carpal tunnel syndrome. She had undergone an EMG study, which was reported as normal, but could not complete the study for the NCV portion. The patient had failed some conservative management of NSAIDs, physical therapy, splinting and activity modification. However, the patient declined a steroid injection. From page 270, ACOEM, Chapter 11, CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. As the patient was unable to tolerate the NCV, this guideline has not been satisfied. An additional recommendation from Table 11-7, page 272, is consideration for a steroid injection after failure of splinting and NSAIDs. The patient also refused this. Given the lack of NCV to support the diagnosis, a steroid injection could help to facilitate the diagnosis instead. Therefore, right carpal tunnel release should not be considered medically necessary.