

<b>Case Number:</b>	CM15-0079591		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	08/16/2012
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2015

### 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 45 year old female, who sustained an industrial injury on 8/16/2012 from continuous trauma. The injured worker was diagnosed as having right carpal tunnel release, right de Quervain's, right medial elbow epicondylitis, right upper extremity overuse syndrome, right thumb trigger finger, and right carpal tunnel syndrome. Treatment to date has included diagnostics, physical therapy, right carpal tunnel release surgery in 2012, and medications. Currently, the injured worker complains of pain, numbness, and tingling to both hands, right greater than left. Pain was rated 3-9/10, increased with gripping and grasping of the right hand. Medication use was not detailed. The treatment plan included right carpal tunnel release. Electrodiagnostic studies (EDS) document a minimal to mild right carpal tunnel syndrome with normal EMG. Documentation from 1/26/15 notes possible persistent right carpal tunnel syndrome with positive Tinel's and Phalen's. Specific medical management was not detailed. Consideration for injections and possible surgery was given. Documentation from 12/10/14 notes evidence of bracing for the right elbow but not specifically for the right wrist and carpal tunnel. Documentation from 2/18/15 notes numbness of the right hand in the median nerve distribution as well as nighttime symptoms. Examination notes positive Tinel's, Phalen's and carpal compression test as well as decreased sensation in the median nerve distribution and 'severe' thenar atrophy. Stated conservative management includes physical therapy, activity modification, NSAIDs and previous right carpal tunnel release. Recommendation was made for right carpal tunnel release. A cortisone injection was discussed but the patient had had a previous 'bad' reaction to an injection and only received temporary benefit.

## 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): 253-286.

**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 45 year old female with signs and symptoms of a recurrent right carpal tunnel syndrome. Thenar atrophy and diminished sensation in the median nerve distribution is documented. EDS studies only document a minimal to mild right carpal tunnel syndrome, with normal EMG studies. Conservative management has included physical therapy, activity modification, NSAIDs and previous right carpal tunnel release. Specific mention of bracing for the right wrist is lacking. From page 270, ACOEM, Chapter 11, Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. From page 272, recommendations are made for initial treatment of mild to moderate carpal tunnel syndrome to consist of splinting and NSAIDs, following be a steroid injection. Overall, the clinical condition severity is not consistent with the EDS, as this documented minimal to mild right carpal tunnel syndrome and a normal EMG study. Therefore, a full course of conservative management should be documented which includes bracing. This has not been documented sufficiently. Therefore, right carpal tunnel release should not be considered medically necessary.