

<b>Case Number:</b>	CM15-0092473		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	01/28/2015
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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

### 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 57 year old female, who sustained an industrial injury on 1/28/2015. She reported pain at the A1 pulley region of her left thumb. Diagnoses have included left thumb flexor tenosynovitis, left thumb triggering by history, minimal left thumb CMC osteoarthritis, right thumb triggering (separate claim) and mild right carpal tunnel syndrome (separate claim). Treatment to date has included Voltaren gel and ice. According to the initial evaluation dated 2/24/2015, the injured worker complained of pain in the left thumb A1 pulley region, worse with typing and improved at rest. She stated that the thumb tended to trigger most at night. Physical exam revealed significant tenderness to palpation at the left thumb A1 pulley. With flexion and extension of the thumb, there was reproducible grinding, but no frank triggering. It was noted that the injured worker was allergic to cortisone injections and was not a candidate for surgery at this time. Authorization was requested for left carpal tunnel release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Carpal Tunnel Release for the Left Wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

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

**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 2/24/15 of electrodiagnostic evidence of carpal tunnel syndrome. In addition, there is lack of evidence of failed bracing or injections in the records. The request is not medically necessary. Therefore the determination is for non-certification.