

<b>Case Number:</b>	CM15-0096875		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	04/16/2012
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Oregon  
 Certification(s)/Specialty: Plastic Surgery, Hand 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 54-year-old, male who sustained a work related injury on 4/16/12. The diagnoses have included carpal tunnel/double crush syndrome and status post cervical spine surgery. Treatments have included medications and ice therapy. In the PR-2 dated 3/26/15, the injured worker complains of persistent tingling and numbness in his thumbs, long and index fingers. He has frequent pain in bilateral wrists that is made worse by repetitive motions, gripping, grasping, pushing, pulling, and lifting. He states it is a throbbing pain. He rates his pain level a 6/10. He has tenderness at the wrist dorsum. He has a positive palmar compression test with subsequent Phalen's maneuver. Tinel's sign is positive over the carpal canal. There is pain with terminal flexion with a weak grip. The treatment plan includes requests for bilateral carpal tunnel release surgery, for postoperative medications and postoperative physical therapy and for preoperative medical clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Carpal Tunnel Release with the Left Side Being Done First, Followed in Six Weeks by the Right Side: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery, Carpal Tunnel Syndrome, Carpal Tunnel Release.

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

**Decision rationale:** According to the ACOEM Practice Guidelines, 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. Although the patient has symptoms consistent with carpal tunnel syndrome, the nerve conduction test is normal. Per the ACOEM guidelines, carpal tunnel release is not medically necessary because the diagnosis is not supported with nerve conduction tests.

**Associated Surgical Service: Physical Therapy (12-sessions, 3 times per week for 4-weeks):** 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.

**Associated Surgical Service: Bilateral Wrist Sling (purchase):** 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.

**Associated Surgical Service: Medical Clearance:** 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.