

Case Number:	CM13-0002115		
Date Assigned:	01/10/2014	Date of Injury:	02/09/2010
Decision Date:	04/15/2014	UR Denial Date:	06/20/2013
Priority:	Standard	Application Received:	07/19/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 patient is a 42-year-old female who works in accounting at [REDACTED] and mainly works with the 10-key. The patient underwent an endoscopic carpal tunnel release of the right hand on 8/13/10 which gave her complete relief of her symptoms. However, since February of 2013, the patient has begun experiencing pain and numbness in the right hand at night. The symptoms occasionally wake her from her sleep. She states that the keying worsens her symptoms and that the symptoms are along the median nerve distribution of the right hand. Physical examination revealed a positive Phalen test, a positive Tinel test, and a positive Durkan test. The patient has been treated with ibuprofen in the past and has been going to physical therapy. There is no documentation of day or night splinting of the hand. There is documentation of workplace activity modification. She takes a 10 minute break every hour from 10 keying. The patient refused a steroid injection because of fear of needles. The patient had electrodiagnostic studies done May 22, 2013 which revealed a moderate carpal tunnel syndrome on the right and a carpal tunnel syndrome on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

REVISION OPEN CARPAL TUNNEL RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

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

Decision rationale: This patient has no red flag issues with regards to her hand. She has failed to respond to some conservative management efforts although there is no documentation of splinting either at night or during the day. She did have workplace modifications. The patient also did not have a steroid injection. There has been no documentation of investigations to uncover medical diseases that are associated with carpal tunnel syndrome and may lead to a poor or incomplete result after surgery, for example, diabetes, hypothyroidism, B6 deficiency. Since there is lack of documentation with regards to splinting and the investigation of other medical issues that are associated with carpal tunnel syndrome, therefore, the medical necessity of recurrent open carpal tunnel release has not been established.