

Case Number:	CM13-0015577		
Date Assigned:	10/08/2013	Date of Injury:	01/29/2010
Decision Date:	01/23/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Ohio, Pennsylvania and Texas. 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 physician 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:

By way of history, this is a 46-year-old gentleman who has suffered "continual trauma" from his occupation from 01/29/09 through 01/29/10. He had been diagnosed previously with carpal tunnel syndrome and has undergone previous carpal tunnel release. His left carpal tunnel was released on 02/25/12, and his right was released on 09/29/12. He has had conservative treatment in the form of rest, bracing, nonsteroidal medication, as well as pain medication. There appears to have been a repeat EMG/NCS performed on 06/07/13, which showed right moderate median nerve compression. The most complete and up-to-date physical examination performed of this claimant was dated 05/16/13 by [REDACTED], orthopedic surgeon. In his examination of this claimant on that date on page 13 of his independent medical examination, please note that examination of the upper extremities revealed motor testing to be normal motor control with no evidence of any weakness or atrophy of any muscle groups. The sensory examination also showed the claimant's perception to pinprick, light touch, and vibratory sense to show no deficit in the distribution of the peripheral nerves or dermatomal patterns. Reflexes and the remainder of the neurologic examination were found to be equal and symmetric.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist 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): 265.

Decision rationale: When one reviews the Official Disability Guidelines in reference to carpal tunnel syndrome, they are "silent" in regard to revision carpal tunnel surgery. However, if one looks at the initial guidelines for primary carpal tunnel syndrome, one would show with mild to moderate carpal tunnel that physical examination requires at least two of the following with decreased two-point discrimination, thenar weakness, Tinel sign, Phalen sign, compression test. Based on the medical notes provided, this has not been demonstrated by physical examination. Please note also in regard to conservative measures although bracing and anti-inflammatory medications have been utilized, in this case of persistent carpal tunnel syndrome in the setting of previous surgery, the possibility of a diagnostic corticosteroid injection might be beneficial in this case. Although the EMG shows evidence of carpal tunnel, again, the physical examination does not correlate with these findings, and there has been lack of evidence of exhaustive conservative measures in this case. Therefore, the requested procedure cannot be deemed medically reasonable at this point.