

Case Number:	CM13-0022491		
Date Assigned:	12/13/2013	Date of Injury:	01/14/2012
Decision Date:	02/28/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/10/2013

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 California. 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:

According to the records made available for review, this is a 63-year-old female patient, with a 1/14/12 date of injury, and cervical anterior interbody fusion with instrumentation on 6/10/13. At the time of request for authorization for consult & treat for bilateral carpal tunnel syndrome (CTS), there is documentation of subjective (symptoms related to hands with tingling and numbness at night) and objective (positive Tinel's sign bilaterally) findings, special studies (2/19/13 electrodiagnostic evaluation of the upper extremity identifying mild bilateral carpal tunnel syndrome), current diagnoses (bilateral carpal tunnel syndrome), and treatment to date (PT (for neck and low back symptoms) and medications). There is no documentation of one additional symptom (Abnormal Katz hand diagram scores and/or Flick sign (shaking hand)), one additional finding by physical exam (Durkan's compression test, Semmes-Weinstein monofilament test, Phalen Sign, decreased 2-point discrimination, and/or mild thenar weakness (thumb abduction)), and 2 additional conservative treatment measures attempted (activity modification >= 1 month, wrist splint >= 1 month, physical therapy referral for home exercise training, and/or successful initial outcome from corticosteroid injection trial (optional)).

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult & treat for bilateral carpal tunnel syndrome (CTS): 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): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Carpal tunnel release surgery (CTR).

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of positive findings on clinical examination and the diagnosis should be supported by nerve conduction as criteria necessary to support the medical necessity of carpal tunnel release. ODG identifies documentation of at least 2 symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)), at least 2 findings by physical exam (Durkan's compression test, Semmes-Weinstein monofilament test, Phalen Sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness (thumb abduction), no current pregnancy, at least 3 conservative treatment measures attempted (activity modification \geq 1 month, wrist splint \geq 1 month, nonprescription analgesia, physical therapy referral for home exercise training, and/or successful initial outcome from corticosteroid injection trial (optional)), and positive electrodiagnostic testing as criteria necessary to support the medical necessity of carpal tunnel release. Within the medical information available for review there is documentation of subjective findings (symptoms related to hands with tingling and numbness at night), objective findings (positive Tinel's sign bilaterally), conservative treatment (medications), positive electrodiagnostic testing (mild bilateral carpal tunnel syndrome), and a diagnoses of bilateral carpal tunnel syndrome. However, there is no documentation of one additional symptom (Abnormal Katz hand diagram scores and/or Flick sign (shaking hand)), one additional finding by physical exam (Durkan's compression test, Semmes-Weinstein monofilament test, Phalen Sign, decreased 2-point discrimination, and/or mild thenar weakness (thumb abduction)), and 2 additional conservative treatment measures attempted (activity modification \geq 1 month, wrist splint \geq 1 month, physical therapy referral for home exercise training, and/or successful initial outcome from corticosteroid injection trial (optional)). Therefore, based on guidelines and a review of the evidence, the request for consult & treat for bilateral carpal tunnel syndrome (CTS) is not medically necessary.