MAXIMUS Federal Services

Case Number:	CM13-0025501		
Date Assigned:	03/03/2014	Date of Injury:	03/28/2012
Decision Date:	04/22/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/17/2013

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, has a subspecialty in Hand Surgery and is licensed to practice in 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 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 50-year-old female who reported an injury on 03/28/2012. The mechanism of injury was noted to be repetitive typing. She is diagnosed with carpel tunnel syndrome of the bilateral wrists. Her symptoms are noted to include pain, numbness, tingling, and stiffness of the bilateral wrists. Her physical examination of the right wrist reveals tenderness over the radial styloid and scapholunate joints, tenderness over the median nerve, no atrophy, 1+ swelling, and positive Phalen's and Tinel's tests. The physical examination findings of the left wrist include tenderness over the Triangular fibrocartilage, scapholunate ligament, ulnar styloid, and radial styloid, no atrophy, +1 swelling over the left wrist, and positive Phalen's and Tinel's tests. She was also shown to have decreased motor strength to 4/5 in all planes of her bilateral wrists. Electrodiagnostic studies performed on 02/07/2013 were noted to reveal severe grade median sensory neuropathy of the right wrist. The patient's previous treatments were noted to include occupational therapy and home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT CARPAL TUNNEL SURGERY: 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): 270-271.

Decision rationale: According to American College of Occupational and Environmental Medicine (ACOEM) Guidelines, surgery may be indicated for patients with evidence of red flags of a serious nature, failure to respond to conservative management, or when there is clear clinical and special study evidence of a lesion that has been shown to benefit from surgical intervention. The guidelines further state that surgery for carpal tunnel syndrome may be recommended for patients with an electrodiagnostically confirmed diagnosis of carpal tunnel with moderate to severe symptoms. The clinical information submitted for review indicates that the patient does have significant symptoms of pain, numbness, tingling, and stiffness in her bilateral wrists. Her physical examination of the left wrist was noted to reveal evidence of carpal tunnel syndrome. However, the patient's nerve conduction velocities performed on 02/07/2013 were noted to be normal in the left wrist. Additionally, details regarding the patient's conservative treatment, including whether night splinting, medications, or corticosteroid injections have been tried and failed, was not provided. Further, the documentation is not clear as to whether the patient's left wrist symptoms are mild, moderate, or severe in nature. For these reasons, the request is not supported. As such, the request is non-certified.

WITH ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

RIGHT CARPAL TUNNEL SURGERY: 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): 270-271.

Decision rationale: According to American College of Occupational and Environmental Medicine (ACOEM) Guidelines, surgery may be indicated for patients with evidence of red flags of a serious nature, failure to respond to conservative management, or when there is clear clinical and special study evidence of a lesion that has been shown to benefit from surgical intervention. The guidelines further state that surgery for carpel tunnel syndrome may be recommended for patients with an electrodiagnostically confirmed diagnosis of carpal tunnel with moderate to severe symptoms. The clinical information submitted for review indicates that the patient does have significant symptoms of pain, numbness, tingling, and stiffness in her bilateral wrists. Her

physical examination of the right wrist also revealed evidence of carpel tunnel syndrome and nerve conduction velocities performed on 02/07/2013 were noted to reveal severe grade median sensory neuropathy of the right wrist. However, the clinical information submitted for review failed to provide sufficient evidence of an adequate course of conservative treatment with night splinting, medications, and corticosteroid injections. Additionally, the documentation is not clear as to whether the patient's symptoms are of a mild, moderate, or severe nature. In the absence of documentation regarding the failure of initially recommended conservative treatment and evidence that the patient's symptoms are of a moderate to severe nature, surgery is not supported. As such, the request is non-certified.