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| Case Number: | CM13-0032762 | | |
| Date Assigned: | 12/06/2013 | Date of Injury: | 04/17/2010 |
| Decision Date: | 01/30/2014 | UR Denial Date: | 09/04/2013 |
| Priority: | Standard | Application Received: | 10/08/2013 |

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:

The patient is a 44-year-old female who reported an injury on 04/17/2010 due to cumulative trauma while performing normal job duties. The patient is status post a left carpal tunnel release. The patient's postsurgical care included physical therapy and medications. The patient developed right carpal tunnel symptoms. The patient was provided with medications, injections and psychiatric supportive care. The patient also received physical therapy for the right wrist. The patient underwent an EMG that provided evidence that the patient had mild to moderate right carpal tunnel syndrome without any evidence of cervical radiculopathy. The patient also underwent a left thumb CMC (carpalmetacarpal) resection and arthroplasty. The patient's most recent clinical evaluation findings included a positive Tinel's sign and positive Phalen's sign over the right carpal tunnel with increasing pain and numbness complaints of the right hand. The patient's diagnoses included right carpal tunnel syndrome. It was noted that the patient underwent a steroid injection that did not provide any relief for the right wrist. The patient's treatment plan included an endoscopic right carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist endoscopic vs open Carpal Tunnel Release (CTR): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter

Decision rationale: The requested right wrist endoscopic versus open carpal tunnel release is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has positive Phalen's and positive Tinel's signs supported by an electrodiagnostic study that determined that the patient had mild to moderate carpal tunnel syndrome on the right side. The American College of Occupational and Environmental Medicine does support surgical intervention when supported by physical findings of carpal tunnel syndrome and supported by a positive electrodiagnostic study. However, symptoms and objective findings are not specifically identified. The Official Disability Guidelines recommend that carpal tunnel syndrome that is not classified as severe be supported with at least 2 of the following: abnormal Katz hand diagram scores, nocturnal symptoms or a flick sign. The clinical documentation submitted for review also does not provide evidence that the patient has exhausted all conservative treatments prior to surgical intervention, to include night wrist splinting. As such, the requested right endoscopic versus open carpal tunnel release is not medically necessary or appropriate.