

Case Number:	CM13-0035407		
Date Assigned:	12/13/2013	Date of Injury:	06/26/2008
Decision Date:	04/18/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/17/2013

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, 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 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 an approximately 55-year-old male who reported an injury on 06/26/2008. The mechanism of injury was a fall, and resulted in a fractured left wrist. Due to his injury, he received an open reduction and internal fixation of the severely comminuted intra-articular left distal radius fracture. He received occupational therapy for this injury and healed without incident. Although the fracture healed, the patient continued to complain of numbness and tingling to the fingers of the left hand, and a subsequent nerve conduction study was performed on an unknown date revealing carpal tunnel syndrome. It was noted that the patient began using a nighttime splint which helped to relieve his symptoms, and at that time in 2008, he declined carpal tunnel surgery. The patient returned to work with no additional complaints; however, he received a recent change in work duties and experienced an exacerbation of his left hand complaints. Physical examination on 05/20/2013 revealed a positive Tinel's and Phalen's test to the left hand, with discomfort during ulnar deviation. At this time, the patient complained of intermittent numbness and tingling in 3 and a half digits of the left hand, most notably at night, and an x-ray at that time revealed mild radial shortening. The patient continued to decline any type of surgery, and he was prescribed a wrist brace to wear during the work day as well as a new nerve conduction study. An updated nerve conduction study was performed on 07/24/2013 and revealed again, a left median neuropathy (carpal tunnel syndrome). In the followup note dated 09/23/2013, the patient had decided to go forward with a left carpal tunnel release; however, this was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL: Upheld

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

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend carpal tunnel release after the diagnosis has been proven by positive findings on clinical examination and supported by nerve conduction tests. In addition, patients must have failed to respond to conservative treatment, including work site modifications and steroid injections. The clinical information submitted for review provided evidence that the patient had been prescribed a splint to wear during work; however, there was no indication that any worksite modifications had been performed. Furthermore, there was no evidence of any other conservative care being performed, including physical therapy, nonprescription analgesia, or corticosteroid injections. As the clinical information noted that use of night wrist splinting helped to alleviate the pain and the patient's symptoms were only intermittent, it would be appropriate to seek further conservative care prior to initiating surgical intervention. As such, the request for neuroplasty and/or transposition, median nerve and carpal tunnel is non-certified.