

Case Number:	CM13-0049569		
Date Assigned:	12/27/2013	Date of Injury:	10/21/2010
Decision Date:	03/11/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/08/2013

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, has a subspecialty in Hand 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 61-year-old male with a 10/21/10 date of injury. At the time of request for authorization for Bilateral Carpal tunnel release (right before left), there is documentation of subjective (left hand/wrist pain and numbness in the right index, middle, ring and little fingers increased by ADLs) and objective (diffuse tenderness of the right upper extremity as well as the left wrist and hand, and decreased hand grip on the right side with mild weakness of the right wrist) findings, electrodiagnostic studies (EMG and NCV of the bilateral upper extremities (2/8/11) report revealed carpal tunnel syndrome of the right and left hands of a very mild degree), current diagnoses (bilateral carpal tunnel syndrome right greater than left), and treatment to date (wrist splint, activity modification, physical therapy, and medication). There is no documentation of at least 2 symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)) and 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).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Carpal tunnel release (right before left): 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): 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Carpal tunnel release

Decision rationale: MTUS reference to ACOEM guidelines support surgical decompression of the median nerve to relieve carpal tunnel syndrome symptoms proved by positive findings on clinical examination and nerve conduction tests and failed conservative treatment including splint, medications, and corticosteroid injection in cases resistant to conservative therapy. 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 a diagnosis of bilateral carpal tunnel syndrome, subjective findings (left hand/wrist pain and numbness in the right index, middle, ring and little fingers increased by ADLs), objective findings (diffuse tenderness of the right upper extremity as well as the left wrist and hand, and decreased hand grip on the right side with mild weakness of the right wrist), at least 3 conservative treatment measures attempted (activity modification, wrist splint, medication, and physical therapy), and positive electrodiagnostic testing. However, there is no documentation of at least 2 symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)) and 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)). Therefore, based on guidelines and a review of the evidence, the request for Bilateral Carpal tunnel release (right before left) is not medically necessary.