

Case Number:	CM13-0060367		
Date Assigned:	12/30/2013	Date of Injury:	03/28/2012
Decision Date:	04/01/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/03/2013

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 injured worker is a 51 year old male employed by a school district. The mechanism of injury is not described in medical records reviewed but the worker sustained work injury involving bilateral feet and wrists on 3/28/12. The patient's current complaint is numbness, tingling and nocturnal symptoms in the right hand and the diagnosis is right carpal tunnel syndrome (CTS). Documented treatment to date is non-steroidal anti-inflammatory medication, no other treatments are reported. Exam findings on 2/25/13 include a positive carpal tunnel compression test, no thenar atrophy, normal Semmes-Weinstein, full range of motion. Also reported by the treating provider on 2/25/13, an electrodiagnostic study was consistent with bilateral cubital tunnel syndrome as well as carpal tunnel syndrome. The treatment requested is a right carpal tunnel release. Review of records: Doctor's first report-bilateral upper extremities, 2/25/13 Operative Report left hand, 4/2/13 progress notes left hand on 4/11/13, 5/9/13, 5/14/13 progress note right hand, 7/29/13 Xray report right hand, 7/30/13 Injury work date is noted to be 3/28/12. Records reviewed document symptoms of bilateral hand numbness and tingling, exam findings of no thenar atrophy, normal Semmes-Weinstein, full range of motion, positive carpal tunnel compression test. In the same report by the treating provider on 2/25/13, there was documentation of an electrodiagnostic study consistent with cubital tunnel syndrome as well as carpal tunnel syndrome. Patient continued to complain of right hand numbness, tingling and nocturnal symptoms on 7/29/13, no physical exam described. Non operative treatment has included non-steroidal anti-inflammatory medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-270.

Decision rationale: MTUS/ACOEM guidelines: Initial treatment of CTS should include night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. CTS may be treated for a period with a splint and medications before injection is considered, except in the case of severe CTS (thenar muscle atrophy and constant paresthesias in the median innervated digits). Other nonoperative treatment such as nighttime splinting, corticosteroid injection, work modifications have not been documented in records reviewed. The electrodiagnostic study has not been provided and severity of results has not been described. Therefore, the medical necessity for right carpal tunnel release is not established.