

Case Number:	CM13-0060538		
Date Assigned:	12/30/2013	Date of Injury:	02/17/2010
Decision Date:	06/10/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/03/2013

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 Pennsylvania. 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 records presented for review indicate that a right carpal tunnel release surgery had been completed in June, 2011 and a right trigger thumb release in March, 2012. More right hand thenar atrophy is reported. Also noted are complaints of left hand symptoms. There is a reference to an August, 2012 evaluation noting left-hand overuse syndrome and a mild carpal tunnel syndrome. The physical examination noted positive Tinel's sign and a positive Durkin's sign. The diagnosis list noted a left carpal tunnel syndrome, a left flexor tenosynovitis, and a fasciitis. It was suggested that a left carpal tunnel release surgery with a flexor tenosynovectomy be completed. The November 2013 assessment noted the date of injury as February, 2010, claimant to be 6'1", 232 pounds, normotensive with a grip strength of 23 kg on the left. Chiropractic intervention is also noted. An MRI of the right wrist is noted. There are chiropractic notes from August, 2013 indicating some difficulties changing a flat tire. Multiple daily chiropractic progress notes from August, 2013 are reviewed. A September 2013 request for treatment noted the February, 2010 date of injury for this 45-year-old (February 13, 1969) individual. At that time additional chiropractic care and physical therapy were requested for the noted carpal tunnel syndrome. There are notes identifying that a course of acupuncture was not certified in November, 2013. The surgical intervention for the right wrist is noted. Also noted is the November, 2013 non-certification of the left carpal tunnel surgical intervention. The clinical assessment completed in May, 2013 focused on follow-up care of the distal right upper extremity. Left wrist flexor tenosynovectomy with carpal tunnel release has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT WRIST FLEXOR TENOSYNOVECTOMY WITH CARPAL TUNNEL RELEASE:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: Outcomes from carpal tunnel surgery justify prompt referral for surgery in moderate to severe cases, though evidence suggests that there is rarely a need for emergent referral. Thus, surgery should usually be delayed until a definitive diagnosis of CTS is made by history, physical examination, and possibly electrodiagnostic studies. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Given that there is no enhanced imaging study (MRI) of a compromise of the left wrist to support a diagnosis of carpal tunnel syndrome (an MRI of the right wrist is noted) and there is no electrodiagnostic assessment objectifying a peripheral neuropathy (median nerve compromise) secondary to entrapment syndrome, there is insufficient clinical evidence presented to support this request. This is not clinically indicated based on the clinical information presented for review. The request is not medically necessary or appropriate.