

Case Number:	CM13-0061059		
Date Assigned:	12/30/2013	Date of Injury:	11/16/2012
Decision Date:	10/27/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/04/2013

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:

According to the records made available for review, this is a 51-year-old female with an 11/16/12 date of injury. At the time (11/19/13) of request for authorization for outpatient right carpal tunnel release (CTR), there is documentation of subjective (right hand/wrist pain with numbness and tingling) and objective (positive Tinel's sign, positive Phalen's sign, tenderness at the base of the right long and ring finger flexor tendon sheaths) findings, current diagnoses (right carpal tunnel syndrome), and treatment to date (medications). There is no documentation of at least 2 additional symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)), at least 2 additional conservative treatment measures attempted (activity modification, wrist splint, physical therapy, and/or successful initial outcome from corticosteroid injection trial), and positive electrodiagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT RIGHT 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 CTR

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Carpal tunnel release surgery (CTR)

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of positive findings on clinical examination and the diagnosis should be supported by nerve conduction, as criteria necessary to support the medical necessity of carpal tunnel release. 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), 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 diagnoses of right carpal tunnel syndrome. In addition, there is documentation of subjective findings (right hand/wrist pain with numbness and tingling), at least 2 findings by physical exam (Phalen Sign and Tinel's sign), and conservative treatment measures attempted (medications). However, there is no documentation of at least 2 additional symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)), at least 2 additional conservative treatment measures attempted (activity modification, wrist splint, physical therapy, and/or successful initial outcome from corticosteroid injection trial), and positive electrodiagnostic testing. Therefore, based on guidelines and a review of the evidence, the request for outpatient right carpal tunnel release (CTR) is not medically necessary.