

Case Number:	CM13-0062703		
Date Assigned:	12/30/2013	Date of Injury:	09/19/2011
Decision Date:	05/07/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/09/2013

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:

This 25-year-old male [REDACTED] operational representative sustained a bilateral upper extremity cumulative trauma injury; date of injury 9/19/11. The 1/27/13 right wrist MRI findings cited subchondral cyst formation within the lunate and capitate; findings were otherwise unremarkable. The 1/27/13 right and left hand MRIs were unremarkable. The 11/18/13 treating chiropractor report cited constant moderate bilateral hand/wrist pain that travels up the forearms to the upper back. Numbness, tingling and weakness were reported in both hands with repetitive use. Bilateral hand tingling was noted during sleep. The patient reported his pain was improving. Bilateral grip strength was functional and consistent with a right-hand dominant male. Objective findings documented normal bilateral wrist range of motion, non-specific bilateral wrist tenderness to palpation, positive Phalen's and Tinel's bilaterally, painful Finkelstein's bilaterally, and normal upper extremity motor and sensation. The diagnosis was bilateral carpal tunnel syndrome, hand joint pain, anxiety, and sleep disturbance. The patient had completed 23 acupuncture and 21 chiropractic/physiotherapy visits to date, additional therapy was not indicated. Right carpal tunnel surgery was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARPAL TUNNEL RELEASE FOR THE RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES CARPAL TUNNEL RELEASE GUIDELINES AND CA MTUS 2009: 9792.23.4. FOREARM, WRIST AND HAND COMPLAINTS, ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES 2ND EDITION, 2004, PAGES 271-273.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CARPAL TUNNEL SYNDROME, CARPAL TUNNEL RELEASE SURGERY (CTR).

Decision rationale: Under consideration is a request for carpal tunnel release for the right wrist. The California MTUS guidelines do not provide recommendations for carpal tunnel release surgery for chronic injuries. The Official Disability Guidelines for carpal tunnel release typically require symptoms and exam findings consistent with carpal tunnel syndrome, and initial conservative treatment including three of the following: activity modification, night wrist splint, non-prescription analgesia, home exercise training, and/or successful corticosteroid injection trial. Positive electrodiagnostic evidence of carpal tunnel syndrome is typically required. Guideline criteria have not been met. Nerve conduction studies are not documented demonstrating carpal tunnel syndrome. There is no documentation of abnormal Katz hand diagram scores or Flick sign. There is no evidence of limited sensation in the median nerve distribution, thenar weakness, or muscle atrophy. There is no documentation that conservative treatment including splinting, analgesia or injections have been tried and have failed. Therefore, this request for carpal tunnel release for the right wrist is not medically necessary or appropriate.