

Case Number:	CM13-0067681		
Date Assigned:	01/03/2014	Date of Injury:	10/25/2007
Decision Date:	05/21/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/18/2013

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 48-year-old female school employee sustained an industrial injury on 10/25/07 during an altercation between two students. The 6/7/13 upper extremity EMG/nerve conduction studies documented moderate right carpal tunnel syndrome, mild to moderate left carpal tunnel syndrome and no evidence of cervical radiculopathy. Diagnostic ultrasound of the left wrist on 2/11/13 documented left wrist dorsal and volar ganglion cysts. The 10/25/13 treating physician report indicated no significant change since the last visit. Subjective complaints included left shoulder, wrist, hand, and thumb pain with left hand swelling, numbness and tingling. Objective findings documented mild to moderate loss of cervical flexion and extension, mild loss of left shoulder flexion and abduction, and cervical and left shoulder tenderness to palpation. A left carpal tunnel release and ganglion cyst excision was requested. The 11/18/13 utilization review recommended non-certification of this request based on an absence of documented physical exam signs or symptoms and evidence of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT LEFT WRIST CARPAL TUNNEL RELEASE AND GANGLION CYST EXCISION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG INDICATIONS FOR SURGERY, CARPAL TUNNEL RELEASE

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, FOREARM, WRIST AND HAND COMPLAINTS; CARPAL TUNNEL RELEASE, SURGERY FOR GANGLION CYSTS

Decision rationale: Under consideration is a request for left wrist carpal tunnel release and ganglion cyst excision. The California MTUS guidelines do not provide recommendation for carpal tunnel release or ganglion cyst excision for chronic injuries. The Official Disability Guidelines provide clinical indications for carpal tunnel release that include specific symptoms (abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick Sign), physical exam findings (compression test, monofilament test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness), no current pregnancy, conservative treatment (activity modification, night wrist splint, non-prescription analgesia, home exercise training), successful corticosteroid injection trial, and positive electrodiagnostic testing. The ODG recommend surgery for ganglion cysts as an option for pain, interference with activity, nerve compression, and/or ulceration of the mucous cysts. Guideline criteria have not been met. Specific symptoms or physical exam findings to support the diagnosis of carpal tunnel syndrome consistent with the guidelines have not been documented. There is no documentation that recent comprehensive non-operative treatment has been tried and has failed. A successful initial corticosteroid injection trial is not documented. There is no documentation that the ganglion cyst is painful and/or interferes with activity. There is no evidence of nerve compression or ulceration of the mucous cysts. Therefore, this request for left wrist carpal tunnel release and ganglion cyst excision is not medically necessary.