

Case Number:	CM13-0068513		
Date Assigned:	01/03/2014	Date of Injury:	07/27/2013
Decision Date:	06/04/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/19/2013

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 Hand Surgery and is licensed to practice in Texas. 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 injured worker is a 49-year-old male who reported an injury on 07/27/2011. The mechanism of injury was not provided. The injured worker's treatment history included splinting, rest, physical therapy, and medications. The injured worker underwent an MRI of the right wrist dated 10/02/2013 that concluded that there was a full thickness tear of the lunotriquetral ligament, a low to moderate grade tear of the ulnar attachments, and a low grade longitudinal split of the extensor carpi ulnaris tendon. It was documented that minimal tenosynovitis was seen throughout the flexor tendons and carpal tunnel with marrow edema and cystic changes consistent with ulnar impaction syndrome. The injured worker was evaluated on 11/14/2013. It was documented that the injured worker had a positive Tinel's sign and Phalen's test of the bilateral carpal tunnels. It was noted that the injured worker had a positive Tinel's sign over the ulnar nerve at the wrist, tenderness to the TFCC and dorsal wrist with pain with range of motion and diminished grip strength. A request was made for a right carpal tunnel release with ulnar nerve decompression at the wrist and wrist arthroscopy with synovectomy and debridement of the TFCC lunotriquetral ligament tears.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT CARPAL TUNNEL RELEASE WITH ULNAR NERVE DECOMPRESSION AT THE WRIST, AND RIGHT WRIST ARTHROSCOPY WITH SYNOVECTOMY AND DEBRIDEMENT NAD TFCC AND LUNOTRIQUETRAL LIGAMENT TEARS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The requested right carpal tunnel release with ulnar nerve decompression at the wrist and right wrist arthroscopy with synovectomy and debridement at the TFCC and lunotriquetral ligament tears is non-certified. California Medical Treatment Utilization Schedule recommends carpal tunnel release for injured workers who have significant findings consistent with carpal tunnel syndrome supported by an electrodiagnostic study that has exhausted all conservative treatments. The clinical documentation submitted for review does not provide any evidence that the injured worker has failed to respond to corticoid steroid injections. Additionally, the clinical documentation did not provide an independent review of an electrodiagnostic study to support that the injured worker has carpal tunnel syndrome and requires carpal tunnel release with ulnar nerve decompression at the wrist. The American College of Occupational and Environmental Medicine recommend surgical intervention to the wrist when there are significant functional deficits that have failed to respond to conservative treatment and are identified with an imaging study. The clinical documentation does indicate that the injured worker has persistent pain complaints and range of motion deficits that have failed to respond to conservative treatments to include physical therapy, rest, immobilization, and medications. The imaging study provided does indicate that the injured worker has lesions of the TFCC and lunotriquetral ligament that would benefit from surgical repair. However, a separate release of the ulnar nerve at the wrists is usually not necessary as releasing the carpal tunnel is usually sufficient to decompress the guyon's canal. The clinical documentation did not provide physical findings to exclude ulnar nerve pathology at the elbow. Also, as the request includes right carpal tunnel release that is not supported by the submitted documentation, the request in its entirety cannot be considered medically appropriate. As such, the requested right carpal tunnel release with ulnar nerve decompression at the wrist and right wrist arthroscopy and synovectomy and debridement at the TFCC and lunotriquetral ligament tear is not medically necessary or appropriate.