

Case Number:	CM13-0070960		
Date Assigned:	01/08/2014	Date of Injury:	10/23/2013
Decision Date:	05/29/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/26/2013

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 Orthopaedic 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 is a 55-year-old female social worker reported a repetitive stress injury, date of injury 10/23/13, due to typing. Past medical history is positive for cervical spinal stenosis and neuroforaminal narrowing. The 11/8/13 initial treating physician report cited subjective complaints of bilateral hand weakness, dropping things, and difficulty opening jars or doors. Left index finger tingling was the most severe symptom at night, but had been constant for the past week. Night time braces helped some. Physical exam findings documented positive Phalen's and Tinel's bilaterally at the wrists, thumb abduction weakness but no atrophy, no other upper extremity weakness, limited cervical range of motion, negative Spurling's, and bilateral lateral epicondyle pain and tenderness. The diagnosis was carpal tunnel syndrome and bilateral lateral epicondylitis. The patient had a favorable response to Nortriptyline at night. The patient underwent nerve conduction study prior to filing a work injury claim to rule-out cervical radiculopathy. The nerve conduction study documented bilateral carpal tunnel syndrome, right side more severe. The 11/8/13 treatment plan recommended occupational therapy 2x3 and a left carpal tunnel corticosteroid injection. The 12/9/13 utilization review recommended non-certification of the request for carpal tunnel syndrome based on no documented response to a corticosteroid injection. The 12/17/13 appeal note stated that the patient had moderate to severe left carpal tunnel syndrome that failed conservative treatment and needed surgery, not a cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT CARPAL TUNNEL RELEASE SURGERY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpel Tunnel Syndrome regarding Carpal Tunnel release (CTR).

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

Decision rationale: The California MTUS/ACOEM guidelines state that outcomes from carpal tunnel surgery justify prompt referral for surgery in moderate to severe cases. Surgery should usually be delayed until a definitive diagnosis of carpal tunnel syndrome is made by history, physical exam, and possibly electrodiagnostic studies. Symptomatic relief from a cortisone injection will facilitate the diagnosis, however benefit is short-lived. The guidelines criteria have been met. This patient has documented electrodiagnostic and physical exam findings consistent with moderate carpal tunnel syndrome. Reasonable conservative treatment has been tried and failed. Therefore, this request for left carpal tunnel release is medically necessary.

POST OCCUPATIONAL THERAPY: 6 SESSIONS (2X3), FOR BILATERAL CARPAL TUNNEL SYNDROME AND LATERAL EPICONDYLITIS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpel Tunnel Syndrome regarding Carpal Tunnel release (CTR).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25-26, Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The California MTUS guidelines would apply to this case. There is evidence of moderate carpal tunnel syndrome, along with clinical lateral epicondylitis. Reasonable conservative treatment has been tried and failed. The requests for left carpal tunnel release is medically necessary, thus, post-op. therapy post carpal tunnel release, along with therapy for the lateral epicondylitis is also medically necessary.