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| Case Number: | CM14-0001840 | | |
| Date Assigned: | 05/16/2014 | Date of Injury: | 05/18/2010 |
| Decision Date: | 07/11/2014 | UR Denial Date: | 12/19/2013 |
| Priority: | Standard | Application Received: | 01/06/2014 |

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 50-year-old male who reported an injury on 05/18/2010, secondary to heavy lifting. Current diagnoses include status post right carpal tunnel release with right trigger thumb release, tendinosis of the right wrist, bilateral thumb basal joint arthralgia, cervicothoracic spine strain, right shoulder impingement, right forearm strain, left carpal tunnel syndrome, and complaints of anxiety, depression, and sleep difficulty. The injured worker was evaluated on 11/05/2013. The injured worker reported persistent pain in bilateral wrist, right shoulder, and cervical spine. Physical examination of bilateral hands and wrists revealed tenderness to palpation, positive Phalen's testing, and decreased grip strength on the right. Treatment recommendations included bilateral carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL CARPAL TUNNEL RELEASE ENDOSCOPIC VERSUS OPEN (STAGED): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS 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, Carpal Tunnel Release.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management, and have clear clinical and special study evidence of a lesion. Carpal tunnel syndrome must be proved by positive findings on clinical examination and supported by nerve conduction studies. Official Disability Guidelines state prior to a carpal tunnel release, symptoms should include an abnormal Katz hand diagram score, nocturnal symptoms, or positive flick sign. Physical examination should reveal positive compression test, positive Semmes-Weinstein test, positive Phalen's sign, positive Tinel's sign, decreased 2 point discrimination or mild thenar weakness. Initial conservative treatment should include activity modification, night wrist splinting, nonprescription analgesia, home exercise training, and a successful initial outcome from a corticosteroid injection trial. As per the documentation submitted, the injured worker does report constant pain in bilateral wrists. Physical examination does reveal tenderness to palpation with positive Phalen's testing and decreased grip strength. However, there is no evidence of an abnormal Katz hand diagram score, nocturnal symptoms, or a positive flick sign. There is also no objective evidence of positive compression testing, positive Semmes-Weinstein testing, positive Tinel's testing, decreased 2 point discrimination, or mild thenar weakness. There is no mention of this injured worker's exhaustion of conservative treatment to include activity modification, splinting, nonprescription analgesia, exercise training, or a corticosteroid injection trial. Based on the aforementioned points, the injured worker does not currently meet criteria for the requested surgical procedure. As such, the request is not medically necessary.