

Case Number:	CM14-0004628		
Date Assigned:	02/07/2014	Date of Injury:	03/19/2010
Decision Date:	10/01/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/13/2014

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 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 53-year-old male who reported an injury on 03/19/2010. The mechanism of injury was not provided for clinical review. The diagnoses included bilateral carpal tunnel syndrome, status post right carpal tunnel release, severe right elbow medial epicondylitis and biceps, triceps, as well as exterior tendonitis, right sided bicep tendon tear, CRPS type 1, chronic myofascial pain syndrome, and depression. The previous treatments included medication. Within the clinical note dated 01/22/2014, it was reported the injured worker complained of severe burning pain in the elbows and wrists. The injured worker rated his pain 7/10 to 8/10 in severity. The injured worker complained of bilateral burning pain in the elbows, with tingling, numbness, and paresthesia shooting down in the forearm and hands. Upon the physical examination, the provider noted the injured worker had allodynia and hyperalgesia present at the right elbow medial epicondyle. The range of motion of the elbow was restricted. The clinical note noted the injured worker had a positive Phalen's and Tinel's test. The provider noted the manual motor strength was 5/5 except bilateral elbow flexor and extensors, which was 4-/5. The injured worker had a left sided cubital tunnel sign. The request submitted is for a left carpal tunnel release surgery. However, a rationale was not provided for clinical review. A Request for Authorization was not provided for clinical review.

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: Upheld

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

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

Decision rationale: The California MTUS/ACOEM Guidelines state surgical decompression of the median nerve usually relieves carpal tunnel syndrome symptoms. High quality scientific evidence shows success in majority of injured workers with electrodiagnostically confirmed diagnosis of carpal tunnel syndrome. Injured workers with the mildest symptoms display the poorest postsurgical results. Injured workers with moderate or severe carpal tunnel syndrome have better outcomes from surgery than splinting. Carpal tunnel syndrome must be proved by positive findings on a clinical examination and diagnosis should be supported by nerve conduction test before surgery is undertaken. Mild carpal tunnel syndrome with normal electrodiagnostic studies exists, but moderate to severe carpal tunnel syndrome with normal electrodiagnostic studies are very rare. Positive electrodiagnostic studies in asymptomatic individuals is not carpal tunnel syndrome. There is lack of documentation indicating the injured worker had undergone a nerve conduction study or electrodiagnostic testing to confirm the diagnosis of carpal tunnel syndrome. The clinical documentation submitted did not indicate a surgical plan for the injured worker to undergo. The request for Left Carpal Tunnel Release Surgery is not medically necessary.