

Case Number:	CM14-0005129		
Date Assigned:	01/24/2014	Date of Injury:	10/23/2006
Decision Date:	06/26/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas, and New York. 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 64-year-old male who reported injury on 10/23/2006. The mechanism of injury was not provided. The injured worker underwent a nerve conduction study on 07/24/2013, which revealed an abnormal examination. There was electrodiagnostic evidence of a moderate demyelinating median neuropathy at the right wrist carpal tunnel syndrome. Additionally, there was evidence of demyelinating motor and sensory right ulnar neuropathy with abnormal latency prolongation between the mid-ulnar groove and 2.5 cm proximal to this. The clinical note included the injured worker may benefit from a carpal tunnel release revision, and ulnar nerve decompression revision between the mid-ulnar groove and 2.5 cm proximal to the ulnar groove. The documentation of 12/04/2013, revealed the injured worker had undergone two (2) previous ulnar nerve releases and had an endoscopic carpal tunnel release in the past. The physical examination revealed weakness and atrophy of the thenar eminence, and the injured worker had grossly positive carpal compression. The 2-point discrimination was 5 mm in the median nerve, 4 to 5 mm in the ulnar nerve, and 2-point discrimination was noted to be good. The injured worker had a positive Phalen's and Tinel's. The diagnosis was recurrent carpal tunnel, and the treatment plan was an open carpal tunnel surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT CARPAL TUNNEL RELEASE QTY:1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, OCCUPATIONAL MEDICAL PRACTICE GUIDELINES, SECOND EDITION (2004), CHAPTER 11, 270

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

Decision rationale: The MTUS/ACOEM Guidelines indicate that a surgical consultation is appropriate for injured workers who have red flags of a serious nature, have a failure to respond to conservative management including work site modifications, and have clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. Carpal tunnel syndrome must be supported by positive findings on clinical examination, and the diagnosis should be supported by nerve conduction studies before the surgery is undertaken. The clinical documentation submitted for review indicated the injured worker had positive findings upon physical examination and had a positive nerve conduction study. There was a lack of documentation indicating the injured worker had a failure to respond to conservative management. Given the above, the request for a right carpal tunnel release, quantity 1, is not medically necessary.