MAXIMUS Federal Services

Case Number:	CM14-0006376		
Date Assigned:	02/07/2014	Date of Injury:	01/13/2013
Decision Date:	07/15/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/16/2014

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 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:

The patient is a 50-year-old male who has submitted a claim for carpal tunnel syndrome associated with an industrial injury date of January 13, 2013. The patient complained of persistent pain, numbness and tingling in both hands. There was also increased weakness of the left hand with feelings that fingers are freezing up. Physical examination of the wrists revealed tenderness worse on the right; decreased sensation of the bilateral 3rd to 5th fingers; positive Tinel's on the right hand; and bilaterally positive Phalen's sign. Nerve conduction studies done on August 13 and October 13, 2013 both revealed normal findings. The diagnosis was bilateral carpal tunnel syndrome. Bilateral carpal tunnel release was recommended. Treatment to date has included oral and topical analgesics, carpal tunnel injections, wrist braces, heat/cold therapy and physical therapy. Utilization review from January 8, 2014 denied the request for 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 CARPEL TUNNEL RELEASE: 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 Surgery (CTR).

Decision rationale: As stated on pages 270-271 of the ACOEM Guidelines, carpal tunnel syndrome must be proven by positive findings on clinical examination. The diagnosis should be supported by nerve conduction studies before surgery is undertaken. The ODG Carpal Tunnel Syndrome Chapter recommends carpal tunnel release surgery after an accurate diagnosis of moderate or severe Carpel Tunnel Syndrome (CTS). Surgery is not generally initially indicated for mild CTS, unless symptoms persist after conservative treatment. Signs and symptoms of severe carpal tunnel syndrome require all of the following: muscle atrophy and severe weakness of the thenar muscles; two-point discrimination test 6 mm; and positive electrodiagnostic testing. For other cases, indications include symptoms such as nocturnal symptoms, flick sign, abnormal Katz hand diagram scores; at least two of the following: compression test, Semmes-Weinstein monofilament test, Phalen sign, Tinel's sign, decreased two-point discrimination, or mild thenar weakness; initial conservative treatment, at least 3 of the following activity modification: one month, night wrist splinting, one month, analgesic medications, home exercise training, or successful outcome from corticosteroid injection trial and positive electrodiagnostic testing. In this case, there was no evidence of severe CTS based on the physical examination findings. Moreover, nerve conduction studies on August 13 and October 13, 2013 revealed normal findings. The guideline criteria were not met. There is no compelling rational concerning the need for variance from the guideline. Therefore, the request for Bilateral Carpel Tunnel Release is not medically necessary.