

Case Number:	CM14-0006382		
Date Assigned:	02/07/2014	Date of Injury:	04/25/2013
Decision Date:	07/18/2014	UR Denial Date:	01/07/2014
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 31 year-old female who has filed a claim for carpal tunnel syndrome associated with an industrial injury date of April 25, 2013. Review of progress notes dorsal wrist pain, more on the left. Patient notes that numbness and tingling have resolved since discontinuation of work. Findings include tenderness of the dorsocentral wrist. There is discomfort with carpal tunnel compression, Phalen's test, and Tinel's test. Thenar strength is normal. EMG/NCS from January 27, 2014 showed normal results. MRI of the left wrist from September 2013 was normal. Treatment to date has included anti-inflammatories, physical therapy, and cortisone injection. Patient had a favorable response to cortisone injection. The treating provider has requested left and right carpal tunnel releases.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT CARPAL TUNNEL RELEASE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome chapter, Carpal tunnel release surgery (CTR).

Decision rationale: CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, carpal tunnel release surgery is recommended after an accurate diagnosis of moderate to severe carpal tunnel syndrome. For severe carpal tunnel syndrome, indications include 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 - 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 2-point discrimination, or mild thenar weakness; initial conservative treatment, at least 3 of the following - activity modification > 1 month, night wrist splinting > 1 month, analgesic medications, home exercise training, or successful outcome from corticosteroid injection trial; and positive electrodiagnostic testing. In this case, there is no documentation regarding the above mentioned symptoms and objective findings. Patient's electrodiagnostic study showed normal results. There is no evidence to confirm presence of carpal tunnel syndrome in this patient. Therefore, the request for left carpal tunnel release was not medically necessary.

RIGHT CARPAL TUNNEL RELEASE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome chapter, Carpal tunnel release surgery (CTR).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, carpal tunnel release surgery is recommended after an accurate diagnosis of moderate to severe carpal tunnel syndrome. For severe carpal tunnel syndrome, indications include 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 - 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 2-point discrimination, or mild thenar weakness; initial conservative treatment, at least 3 of the following - activity modification > 1 month, night wrist splinting > 1 month, analgesic medications, home exercise training, or successful outcome from corticosteroid injection trial; and positive electrodiagnostic testing. In this case, there is no documentation regarding the above mentioned symptoms and objective findings. Patient's electrodiagnostic study showed normal results. There is no evidence to confirm presence of carpal tunnel syndrome in this patient. Therefore, the request for right carpal tunnel release was not medically necessary.