

Case Number:	CM14-0108310		
Date Assigned:	08/01/2014	Date of Injury:	05/15/2013
Decision Date:	08/29/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/11/2014

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 Orthopaedic 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:

This 53-year-old female custodian sustained an industrial injury on 5/15/13, relative to pulling out heavy trash bins. The 4/24/14 electrodiagnostic study report documented evidence of bilateral moderate median neuropathy at the wrist, right greater the left. The 5/22/14 bilateral wrist x-ray impression documented bilateral positive ulnar variance and subtle sclerosis and cystic change about the ulnar/proximal margins of the bilateral lunate concerning for ulnar abutment. There was mild degenerative arthrosis of the right fist metocarpophalangeal joint. The 6/5/14 orthopedic hand consult report cited a 12 month history of bilateral hand pain, numbness, weakness and tingling, right greater than left. Symptoms had gradually progressed and were now more painful. There was significant diffuse right thumb pain, particularly in the joint with motion. She reported numbness over the little finger and ring finger that went up to the median elbow. She noted weakness in pinch and grasp and had nocturnal paresthesias. Symptoms interfered with work and activities of daily living. She had been on disability for several months. Conservative treatment included splints, anti-inflammatories, cortisone injection, rest, and activity modification. Physical exam documented positive Tinel's and Phalen's at the wrists, no significant atrophy of the thenar muscles, dryness of the hands, decreased median nerve sensation, full range of motion, and good grip and pinch strength. Bilateral carpal tunnel release was recommended, beginning with the right side. The 6/17/14 utilization review denied the request for bilateral carpal tunnel release as there was no documentation of thorough conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release: Overturned

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

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

Decision rationale: The ACOEM guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. Guideline criteria have been met. This patient presents with subjective, objective, and electrodiagnostic findings consistent with carpal tunnel syndrome. Symptoms have been progressive and functionally limiting in work duties and activities of daily living. Comprehensive conservative treatment has been tried and has failed. The patient is currently off work so worksite modification is not indicated. Therefore, this request for right carpal tunnel release is medically necessary.

Left Carpal Tunnel Release: Overturned

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

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

Decision rationale: The ACOEM guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. Guideline criteria have been met. This patient presents with subjective, objective, and electrodiagnostic findings consistent with carpal tunnel syndrome. Symptoms have been progressive and functionally limiting in work duties and activities of daily living. Comprehensive conservative treatment has been tried and has failed. The patient is currently off work so worksite modification is not indicated. Therefore, this request for left carpal tunnel release is medically necessary.