

Case Number:	CM14-0010418		
Date Assigned:	02/21/2014	Date of Injury:	03/03/2009
Decision Date:	08/01/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/27/2014

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 55-year-old female who has submitted a claim for carpal tunnel syndrome associated with an industrial injury date of March 3, 2009. Medical records from 2013 were reviewed. The patient complained of bilateral elbow pain, left greater than right, radiating to both forearms; and pain, numbness and tingling in wrists and hands, present sometimes, left greater than right. Physical examination demonstrated bilaterally positive Tinel's at the wrists and elbows; bilaterally positive resisted wrist extension; bilaterally mildly positive resisted third digit extension; bilaterally decreased hand grip strength; and definite thenar atrophy. X-rays of both wrists done on July 3, 2013 showed slight degenerative changes of the first carpometacarpal joint, right. Electrodiagnostic studies performed on July 20, 2009 showed normal results. The diagnoses were bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, and bilateral lateral epicondylitis. Treatment plan includes a request for release of the transverse carpal tunnel ligament of the right wrist. Treatment to date has included oral analgesics, activity modification, physical therapy, acupuncture, splinting, injection to the left medial epicondyle and injection to the right carpal tunnel. Utilization review from January 14, 2014 denied the request for release of the transverse carpal tunnel ligament right wrist. The reason for denial was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

RELEASE OF THE TRANSVERSE CARPAL TUNNEL LIGAMENT OF THE RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: According to pages 270-271 of the ACOEM Guidelines, referral for hand surgery consultation may be indicated for patients who: have red flags of a serious nature, fail to respond to conservative management, including worksite 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. The ODG states that the indications for carpal tunnel release for severe CTS include: muscle atrophy, severe weakness of thenar muscles, 2-point discrimination > 6 mm, and positive electrodiagnostic testing. For mild/moderate CTS, ALL of the following are required: at least 2 symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)); at least 2 findings by physical exam (Durkan's compression test, Semmes-Weinstein monofilament test, Phalen Sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness (thumb abduction); no current pregnancy; and at least 3 conservative treatment measures attempted (activity modification \geq 1 month, wrist splint \geq 1 month, nonprescription analgesia, physical therapy referral for home exercise training, and/or successful initial outcome from corticosteroid injection trial (optional), and positive electrodiagnostic testing. In this case, the patient has definite thenar atrophy. However according to an AME dated July 3, 2013, electrodiagnostic studies from July 20, 2009 showed normal results, and sensation throughout the upper extremities were normal. Moreover, there was no objective evidence of failure to respond to conservative management, including worksite modification. She previously received a right carpal canal injection; however the response was not discussed. Moreover, most of the recent progress reports were illegibly handwritten, hence important information may have been missed. The medical necessity has not been established because the guideline criteria were not met. Therefore, the request is not medically necessary.