

Case Number:	CM14-0013239		
Date Assigned:	02/28/2014	Date of Injury:	10/01/2013
Decision Date:	07/18/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/03/2014

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 and Hand Surgery and is licensed to practice in Texas. 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 54-year-old female who reported an injury on 10/01/2013. The mechanism of injury involved repetitive work activity. The current diagnosis is right carpal tunnel syndrome. The injured worker was evaluated on 12/10/2013 with complaints of right wrist pain. Physical examination revealed moderate swelling at the volar aspect of the wrist, mild thenar atrophy of the right thumb, decreased moisture and sensation in the median distribution, positive Tinel's and Phalen's testing, and a 2+ radial pulse. Treatment recommendations included a right carpal tunnel release with a flexor tenosynovectomy. It is noted that the injured worker underwent electrodiagnostic studies on 12/03/2013, which indicated moderate right median neuropathy at the wrist affecting the sensory and motor components.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT CARPAL TUNNEL RELEASE FLEXOR TENOSYNOVECTOMIES: Upheld

Claims Administrator 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, Treatment in Workers Compensation (TWC), 18th Edition, 2013.

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.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a 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 work site modification, and who have clear clinical and special study evidence of a lesion. Carpal tunnel syndrome must be proved by positive findings on clinical examination and supported by nerve conduction tests. The Official Disability Guidelines state prior to a carpal tunnel release, there should be evidence of abnormal Katz hand diagram scores, nocturnal symptoms, or a positive Flick sign. There should also be documentation of a positive compression test, positive Semmes-Weinstein test, positive Tinel's and Phalen's tests, decreased 2 point discrimination, or mild thenar weakness. Initial conservative treatment includes activity modification, night wrist splinting, nonprescription analgesia, home exercise training, and a successful initial outcome from a corticosteroid injection trial. As per the documentation submitted, the patient has been previously treated with a nonprescription analgesic. However, there is no evidence of an exhaustion of conservative treatment to include activity modification, splinting, exercise, or a corticosteroid injection trial. Therefore, the injured worker does not currently meet criteria for the requested procedure. As such, the request is not medically necessary.

SHORT ARM SPLINT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Treatment in Workers Compensation (TWC), 18th Edition, 2013.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state when treating with splint in carpal tunnel syndrome, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity. Two prospective studies showed no beneficial effect from postoperative splinting after carpal tunnel release. Splinting the wrist beyond 48 hours following carpal tunnel release may be largely detrimental. As the injured worker's surgical procedure has not been authorized, the current request for operative durable medical equipment is also medically necessary. As such, the request is not medically necessary.