

Case Number:	CM14-0126755		
Date Assigned:	08/13/2014	Date of Injury:	02/16/2014
Decision Date:	12/31/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/11/2014

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 Plastic Surgery and Reconstructive Surgery and is licensed to practice in Maryland, Virginia and North Carolina. 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 68 year old female with a reported date of injury on 2/16/14 who requested on 7/22/14 authorization for right carpal tunnel release. The patient is noted to have worsening symptoms of bilateral carpal tunnel syndrome, right greater than left. She had undergone conservative treatment of bracing, activity modification and therapy. Electrodiagnostic studies from 6/5/14 note moderate right carpal tunnel syndrome affecting sensory and motor components. Examination notes positive Tinel's, Phalen's and carpal compression test. She has decreased grip strength, worse on the right. Recommendation is made for right carpal tunnel release. She is also diagnosed with cervical radiculitis and radicular pain. UR dated 7/24/14 did not certify right carpal tunnel release. Reasoning given was that a complete examination was not documented. Not reported are exams of finger sensation, thenar eminence strength, atrophy and forearm muscles innervated by median nerve (pronator teres syndrome).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal 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.

Decision rationale: Per ACOEM, Chapter 11, page 270, surgical decompression of the median nerve usually relieves CTS (carpal tunnel syndrome) symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare. The patient is a 68 year old female with signs and symptoms of possible right carpal tunnel syndrome supported by electrodiagnostic studies. However, as reasoned by the UR, there is not a complete examination of the right hand included in the documentation. The sensory examination of the hand is not documented as well as the status of the intrinsic/extrinsic musculature to fully define the patient's condition. Thus, without a complete examination of the hand, right carpal tunnel release in this patient would not be considered medically necessary.