

Case Number:	CM14-0130419		
Date Assigned:	08/20/2014	Date of Injury:	08/17/2011
Decision Date:	10/15/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/14/2014

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:

This 51-year-old 8/17/11 sustained an industrial injury on 7/21/14 due to repetitive upper extremity use. The 4/7/05 nerve conduction studies evidenced moderately severe bilateral carpal tunnel syndrome, left slightly more prominent than the right. Treatment history was positive for right carpal tunnel release on 3/26/13 and left index and small finger trigger finger injections in August 2013. Records documented a long-standing history of bilateral carpal tunnel syndrome symptoms with prior surgical authorizations and cancellations due to employment. Records indicated that the patient was laid off on 4/7/14 and desired to proceed with surgery. The 6/25/14 treating physician report cited persistent left carpal tunnel syndrome with intermittent nighttime waking and occasional daytime numbness. Physical exam documented mild tenderness left index and small fingers, moderate tenderness left middle A1 pulley, and triggering in the middle, index and small fingers. There was moderate tenderness in the right small A1 pulley with mild triggering. There was normal strength and sensation. Durkan's carpal tunnel compression test was positive. The treatment plan recommended left carpal tunnel release and left middle, small, and right small trigger finger surgeries. The 7/21/14 utilization review denied the request for left carpal tunnel release as the electrodiagnostic studies were 9 years old with limited examination findings. The 8/6/14 treating physician report documented treatment history and response. Injections to the left carpal tunnel were provided on 1/19/11 and 2/26/11 with good benefit noted in the records. Surgery had been authorized and cancelled in 2011 and 2013 to try additional conservative treatment and due to employment. Left carpal tunnel syndrome symptoms have persisted despite night wrist splints and wake him once or twice nightly. Daytime numbness was reported, worse with driving. Left wrist/hand exam documented 5/5 thenar and intrinsic strength, intact sensation, positive Durkan's compression test, positive Phalen's and negative Tinel's. The patient was diagnosed with persistent left carpal tunnel syndrome. Surgery was again requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Carpal Tunnel Release: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

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. The patient has a long-history of carpal tunnel syndrome originally confirmed by nerve conduction studies on 4/7/05. The patient has subjective and clinical exam findings consistent with carpal tunnel syndrome. Comprehensive conservative treatment has been tried over many years and has failed to provide sustained benefit. Two prior surgeries have been authorized and cancelled due to work obligations. The patient is now ready to proceed. Therefore, this request for Left Carpal Tunnel Release is medically necessary.