

Case Number:	CM14-0143854		
Date Assigned:	09/23/2014	Date of Injury:	06/24/2014
Decision Date:	12/03/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/05/2014

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 64-year-old female cashier reported an industrial injury on 6/24/14 relative to repetitive work activities. The 6/3/14 bilateral upper extremity electrodiagnostic study documented median sensory neuropathy at the bilateral wrists and median motor demyelinating neuropathy at the left wrist, consistent with mild right and moderate left carpal tunnel syndrome. There was bilateral ulnar sensory neuropathy at the wrists. The 7/18/14 initial orthopedic report cited bilateral wrist pain, numbness, tingling, stiffness, burning, swelling, tenderness, and decreased motion. Right wrist exam documented tenderness over the radial styloid and scapholunate joint, no atrophy, tenderness over the median nerve, and 1+ swelling. Finkelstein's, Piano key, and Watson tests were negative. Phalen's and Tinel's tests were positive. Left wrist exam documented 1+ swelling and tenderness over the triangular fibrocartilage complex, scapholunate ligament, ulnar styloid, and radial styloid. There was numbness and tingling of the left wrist and no atrophy. Finkelstein's test was negative. Phalen's and Tinel's tests were positive. Wrist range of motion was limited mild to moderately bilaterally. Muscle testing demonstrated bilateral 4/5 global wrist strength. The diagnosis was bilateral wrist carpal tunnel syndrome, lesion of the ulnar nerve, arthropathy of the wrist, and contracture of the forearm joint. The treatment plan requested bilateral carpal tunnel release with surgical assistant and post-op physical therapy 3x4. The patient was to remain on light duty status. The 8/4/14 utilization review denied the request for bilateral carpal tunnel release as there was no documentation of failure of conservative treatment for either wrist, including corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral CTR (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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, Carpal tunnel release surgery (CTR)

Decision rationale: The California MTUS 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 Official Disability Guidelines provide clinical indications for carpal tunnel release with mild to moderate carpal tunnel syndrome. Criteria include specific symptoms (abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick Sign) and 2 of the following physical exam findings: compression test, monofilament test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness. Criteria include three of the following conservative treatments: activity modification, night wrist splint, non-prescription analgesia, home exercise training, successful corticosteroid injection trial), and positive electrodiagnostic testing. Guideline criteria have not been met. Evidence of reasonable and/or comprehensive guideline-recommended conservative treatment protocol trial and failure has not been submitted. Therefore, the request of Bilateral CTR (Carpal Tunnel Release) is not medically necessary and appropriate.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Twelve (12) post-operative physical therapy visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.