

Case Number:	CM14-0151642		
Date Assigned:	09/19/2014	Date of Injury:	06/08/2012
Decision Date:	12/12/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/17/2014

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 Hand Surgery and is licensed to practice in Texas and Georgia. 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 63-year-old male who reported injury on 06/08/2012. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of bilateral carpal tunnel syndrome, nonindustrial. Past medical treatments consisted of surgery, physical therapy, wrist supports, injections, and medication therapy. MRI of the injured worker's left wrist was obtained on 02/19/2014. It was noted that the injured worker has mild ulnocarpal abatement syndrome with small cystic changes in the lunate and triquetrum, and mild edema and hypertrophic changes in the ulnar styloid. Full thickness perforation at the radial aspect of the triangular fibrocartilage with degeneration of the ulnar attachments of the triangular fibrocartilage complex was also noted. It was also revealed that the injured worker had mild tenosynovitis and tendinosis of the flexor carpi ulnaris tendon at the level of the ulnar styloid. There were small ganglion cysts present adjacent to the dorsal components of the scapholunate and ulnotriquetral ligaments. On 09/12/2014, the injured worker complained of bilateral wrist pain. It was noted on physical examination that the injured worker rated the pain a 6/10 at its worst. There was tenderness to palpation along the extensor tendons. There was significant tenderness with resisted thumb extension. There was also significant tenderness with Finkelstein's maneuver; left greater than right wrist Finkelstein's was positive. The medical treatment plan was for the injured worker to undergo left open carpal tunnel release. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left open carpal tunnel release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Carpal tunnel release

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

Decision rationale: The request for left open carpal tunnel release is not medically necessary. According to MTUS/ACOEM Guidelines, for carpal tunnel syndrome, surgical decompression of the nerve usually relieves the symptoms. High quality scientific evidence shows success in the majority of patients with an electro diagnostically confirmed diagnosis of carpal tunnel syndrome. Patients with the mildest symptoms display the poorest post-surgery results. Surgical considerations are as follows: find red flags of serious nature; failure to respond to conservative management to include work site modifications; had clear clinician and special study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. Surgical considerations depend on confirmed diagnoses of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and especially, expectations, is very important. The QME submitted for review dated 09/12/2014 lacked a detailed examination of the injured worker's risk, revealing functional deficits. Additionally, there were no MRIs submitted for review showing a diagnosis of carpal tunnel syndrome. It was noted in the Qualified Medical Evaluation that an MRI of the wrist bilaterally was obtained; however, the images were not submitted for review. Furthermore, there was no indication of the injured worker having trialed and failed conservative treatment. There were also no red flags of a serious nature, or how the provider felt carpal tunnel release would be beneficial to the injured worker. Given the above, the injured worker is not within CMTUS/ACOEM recommended guideline criteria. As such, the request is not medically necessary.