

Case Number:	CM14-0154576		
Date Assigned:	10/06/2014	Date of Injury:	12/16/2012
Decision Date:	11/18/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/22/2014

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 Minnesota. 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 33 year old male with a date of injury of 12/04/2012. He was initially seen for complaints of right wrist pain due to deQuervain's disease. He underwent release of the 1st dorsal compartment of the right wrist on 02/03/2014. He then developed paresthesias in the left hand and flexor carpi radialis tendinitis treated with a steroid injection without relief. The left wrist pain is mostly on the dorsal aspect. EMG and nerve conduction studies of the left hand performed on 05/19/2014 were negative for carpal tunnel syndrome. The sensory peak median latency was 3.2 and the motor latency was 3.0 msec with the normal being up to 3.5 and 4.5 msec respectively. On 8/07/2014 the carpal tunnel was injected with corticosteroids with no documented relief. He continues to have left wrist pain, mostly dorsal. He has a positive Tinel's, Phalen's, and positive median nerve compression test on the left. Sensation is reported to be normal in all digits of the left hand. There is no thenar atrophy reported. The examination does not document 2 point discrimination. There was an MRI scan done for the right wrist but no other diagnostics for the left wrist are reported. The disputed issue is a request for a left carpal tunnel release that was denied by UR on 09/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT 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): 260-270.

Decision rationale: The diagnosis of carpal tunnel syndrome is not supported per guidelines. Symptoms of pain, numbness and tingling in the hands are common in the general population but only one in five would be expected to have carpal tunnel syndrome. There is no positive Katz's diagram. The major complaint is posterior wrist pain and not numbness of the fingers. Tinel's and Phalen's and Durkan's are said to be positive on one office visit but the electrodiagnostic studies are completely normal. No history of night pain, Flick sign, nocturnal paresthesias, weak thumb abduction strength, hypoalgesia in the median distribution, thenar atrophy, or 2 point discrimination greater than 6 mm is documented. Carpal tunnel syndrome must be proved by positive findings and nerve conduction studies before surgery is undertaken. There was no response to a corticosteroid injection of the carpal tunnel which in light of the negative nerve conduction study makes the diagnosis of carpal tunnel syndrome unlikely. As such, the requested carpal tunnel release of the left hand is not supported by guidelines and medical necessity cannot be established.