

Case Number:	CM14-0158062		
Date Assigned:	10/01/2014	Date of Injury:	04/04/2008
Decision Date:	10/28/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/26/2014

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 52-year-old male packer sustained an industrial injury on 4/4/08. Injury occurred when he was reaching over to drop a product and struck the conveyor frame. Past surgical history was positive for right carpal tunnel release on 12/14/12, and a right shoulder arthroscopy with subacromial decompression, lysis of adhesions, and manipulation under anesthesia on 10/14/13. The 9/10/14 treating physician report cited complaints of right radial hand pain and numbness, right shoulder pain, and left hand numbness. Physical exam documented positive Tinell's, Phalen's, and Durkan's tests over the left carpal tunnel. Right hand exam documented positive Finkelstein's test and negative carpometacarpal grind test. An electrodiagnostic study in May 2013 reportedly showed moderate left median neuropathy at the wrist. The diagnosis was carpal tunnel syndrome and right deQuervain's tenosynovitis. A corticosteroid injection was provided for right deQuervain's tenosynovitis. The treatment plan recommended left carpal tunnel release. The 9/22/14 utilization review denied the request for left carpal tunnel release as there was no submitted electrodiagnostic evidence of carpal tunnel syndrome and no documentation of guideline-recommended conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Carpal tunnel syndrome, Carpal tunnel release surgery (CTR)

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 Official Disability Guidelines provide clinical indications for carpal tunnel release that include specific symptoms (abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick Sign), physical exam findings (compression test, monofilament test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness), conservative treatment (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 of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including splinting and injection, and failure has not been submitted. Therefore, this request is not medically necessary.