

Case Number:	CM14-0167699		
Date Assigned:	10/15/2014	Date of Injury:	04/02/2010
Decision Date:	11/18/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/10/2014

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 61-year-old female sustained an industrial injury on 4/2/10. Injury occurred while attempting to open a can with a kitchen knife. She reported the onset of right wrist and upper extremity pain. Past medical history was positive for diabetes, hypertension, left ventricular hypertrophy, gastropathy, depression, and anxiety. Records documented on-going treatment of neck and low back complaints. The 6/27/14 bilateral upper extremity electrodiagnostic studies demonstrated mild bilateral carpal tunnel release. The 8/21/14 treating physician report cited complaints of right hand pain. The diagnosis was recurrent right carpal tunnel syndrome. Authorization was requested for a second right carpal tunnel surgery. The 9/11/14 treating physician report cited right hand pain and positive EMG findings. The diagnosis was recurrent right carpal tunnel syndrome. Authorization was requested for surgery and medical clearance. The patient was off work. The 10/1/14 utilization review denied the right carpal tunnel release and associated pre-op clearance as there was insufficient documentation of symptoms, physical exam findings, and prior conservative treatment. Review of the available records did not evidence any recent conservative treatment relative to the diagnosis of carpal tunnel syndrome. There was no documentation of recent exam findings relative to the right wrist/hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal Tunnel Release- Right Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter Carpal Tunnel Syndrome, Web Edition.

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 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. There is no current subjective or objective clinical exam evidence consistent with carpal tunnel syndrome. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

Surgical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice advisory for pre-anesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Pre-Anesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.