

Case Number:	CM14-0169430		
Date Assigned:	10/17/2014	Date of Injury:	04/23/2013
Decision Date:	11/19/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/14/2014

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 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:

According to the records made available for review, this is a 33-year-old male with a 4/23/13 date of injury. At the time (9/19/14) of Decision for Associated surgical service: Right carpal tunnel release, Associated surgical service: Left carpal tunnel release, Associated surgical service: Preoperative medical clearance, and Associated surgical service: Postoperative physical therapy Qty: 18 sessions, there is documentation of subjective (neck pain radiating down the shoulders, constant bilateral arms pain and episodes of numbness and tingling in both arms, bilateral wrist pain radiating to the hands, and numbness and tingling of the bilateral wrists) and objective (decreased and painful range of motion of the left wrist, decreased range of motion of the right wrist, tenderness to palpitation over the dorsal and volar wrist of bilateral wrists, and positive Phalen's sign bilaterally) findings, imaging findings (NCV&EMG of the bilateral upper extremities (7/21/14) report revealed all nerve conduction studies were within normal limits and all examined muscles showed no evidence of electrical instability), current diagnoses (low back strain, left knee lateral meniscus tear, chronic neck pain, and right and left wrist pain), and treatment to date (medications). Regarding Associated surgical service: Right and Left carpal tunnel release, there is no documentation of at least 2 symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)), of a diagnosis that is supported by nerve conduction studies, at least 1 additional finding by physical exam (Durkan's compression test, Semmes-Weinstein monofilament test, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness (thumb abduction)), and at least 2 additional conservative treatment measures attempted (activity modification greater than or equal to 1 month, wrist splint greater than or equal to 1 month, nonprescription analgesia, physical therapy referral for home exercise training, and/or successful initial outcome from corticosteroid injection trial).

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Right Carpal Tunnel Release: Upheld

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

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 (CTS), Carpal Tunnel Release Surgery (CTR)

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of positive findings on clinical examination and the diagnosis should be supported by nerve conduction, as criteria necessary to support the medical necessity of carpal tunnel release. ODG identifies documentation of at least 2 symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)), at least 2 findings by physical exam (Durkan's compression test, Semmes-Weinstein monofilament test, Phalen Sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness (thumb abduction), and at least 3 conservative treatment measures attempted (activity modification greater than or equal to 1 month, wrist splint greater than or equal to 1 month, nonprescription analgesia, physical therapy referral for home exercise training, and/or successful initial outcome from corticosteroid injection trial (optional)), as criteria necessary to support the medical necessity of carpal tunnel release. Within the medical information available for review, there is documentation of diagnoses of low back strain, left knee lateral meniscus tear, chronic neck pain, and right and left wrist pain. However, despite documentation of subjective (bilateral wrist pain radiating to the hands and numbness and tingling of the bilateral wrists) findings, there is no documentation of at least 2 symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)). In addition, given documentation of NCV/ EMG (nerve conduction velocity) / (Electromyography) identifying all nerve conduction studies were within normal limits and all examined muscles showed no evidence of electrical instability. There is no documentation of a diagnosis that is supported by nerve conduction studies. Furthermore, despite documentation of objective (positive Phalen's sign bilaterally) findings, there is no documentation of at least 1 additional finding by physical exam (Durkan's compression test, Semmes-Weinstein monofilament test, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness (thumb abduction)). Lastly, despite documentation of failure of conservative treatment (medications), there is no documentation of at least 2 additional conservative treatment measures attempted (activity modification greater than or equal to 1 month, wrist splint greater than or equal to 1 month, nonprescription analgesia, physical therapy referral for home exercise training, and/or successful initial outcome from corticosteroid injection trial). Therefore, based on guidelines and a review of the evidence, the request for associated surgical service right carpal tunnel release is not medically necessary.

Associated surgical service: Left Carpal Tunnel Release: Upheld

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

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: MTUS reference to ACOEM guidelines identifies documentation of positive findings on clinical examination and the diagnosis should be supported by nerve conduction, as criteria necessary to support the medical necessity of carpal tunnel release. ODG identifies documentation of at least 2 symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)), at least 2 findings by physical exam (Durkan's compression test, Semmes-Weinstein monofilament test, Phalen Sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness (thumb abduction), and at least 3 conservative treatment measures attempted (activity modification greater than or equal to 1 month, wrist splint greater than or equal to 1 month, nonprescription analgesia, physical therapy referral for home exercise training, and/or successful initial outcome from corticosteroid injection trial (optional)), as criteria necessary to support the medical necessity of carpal tunnel release. Within the medical information available for review, there is documentation of diagnoses of low back strain, left knee lateral meniscus tear, chronic neck pain, and right and left wrist pain. However, despite documentation of subjective (bilateral wrist pain radiating to the hands and numbness and tingling of the bilateral wrists) findings, there is no documentation of at least 2 symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)). In addition, given documentation of NCV/ EMG (nerve conduction velocity) / (Electromyography) identifying all nerve conduction studies were within normal limits and all examined muscles showed no evidence of electrical instability. There is no documentation of a diagnosis that is supported by never conduction studies. Furthermore, despite documentation of objective (positive Phalen's sign bilaterally) findings, there is no documentation of at least 1 additional finding by physical exam (Durkan's compression test, Semmes-Weinstein monofilament test, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness (thumb abduction)). Lastly, despite documentation of failure of conservative treatment (medications), there is no documentation of at least 2 additional conservative treatment measures attempted (activity modification greater than or equal to 1 month, wrist splint greater than or equal to 1 month, nonprescription analgesia, physical therapy referral for home exercise training, and/or successful initial outcome from corticosteroid injection trial). Therefore, based on guidelines and a review of the evidence, the request for associated surgical service left carpal tunnel release is not medically necessary.

Associated surgical service: Preoperative Medical Clearance: 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.

Associated surgical service: Postoperative Physical Therapy, Qty: 18 sessions: 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.