

Case Number:	CM14-0176535		
Date Assigned:	10/29/2014	Date of Injury:	06/13/1994
Decision Date:	12/05/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/24/2014

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:

This 58-year-old male sustained an industrial injury on 6/13/1994. Upper extremity pain and paresthasias were reported relative to repetitive upper extremity work activities. The 1995 upper extremity EMG/nerve conduction studies were reported as normal. The 7/8/14 electrodiagnostic testing documented an abnormal study with findings compatible with chronic bilateral C5/6 radiculopathies. There was no electrodiagnostic evidence of ulnar or radial nerve pathologies. Median sensory and motor conduction studies were reported normal. The testing physician opined that normal studies do not entirely exclude symptomatic carpal tunnel syndromes, and may be normal in 10-15% of patients with symptomatic carpal tunnel syndrome. The 8/15/14 treating physician report cited continued frequent to constant bilateral wrist pain with episodic numbness and tingling. Corticosteroid carpal tunnel injection performed at the last visit resulted in substantial relief for 2 weeks, but gradually dissipated. Physical exam documented persistent focal tenderness over both carpal tunnels with positive Phalen's and Tinel's signs. Durkin's sign was positive bilaterally. Sensory function was impaired in the right index finger and the radial margin of the left middle finger. The impression was bilateral carpal tunnel syndrome with history of tenosynovitis. Current medications included Voltaren and Protonix. Continued use of wrist splints was recommended. The patient was to continue work with prior work restrictions outlined in 1995. The patient wanted to proceed with carpal tunnel surgery given the chronicity of his symptoms. The 9/5/14 report requested authorization for staged bilateral carpal tunnel decompression. Conservative treatment had included chronic use of extremity splinting, work and activity modification, long term use of anti-inflammatory medication, multiple dexamethasone injections to the carpal tunnels, an appropriate course of occupational therapy, and on-going home therapy program concentrating on neural gliding techniques. Chronic symptoms diagnostic of carpal tunnel syndrome had been present for more than 20 years.

Abnormal clinical findings documented focal tenderness over the carpal tunnel, positive Tinel's, Phalen's, and Durkin's signs, Katz hand diagram consistent with moderate probability for carpal tunnel syndrome, attenuated sensation in the median innervated digits, and negative Spurling's sign bilaterally. The 10/7/14 utilization review denied the request for staged bilateral carpal tunnel decompression as there was a lack of documentation indicating that the patient had positive nerve conduction studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Staged left carpal tunnel decompression: Overturned

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: 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. The Official Disability Guidelines state surgery should not be performed until the diagnosis of CTS is made by history, physical examination and possible electrodiagnostic studies. Symptomatic relief from a cortisone/anesthetic injection will facilitate the diagnosis; however the benefit from these injections although good is short-lived. Guideline criteria have been met. This patient presents with subjective and physical exam findings consistent with the diagnosis of bilateral carpal tunnel syndrome. There is evidence of extensive guideline-recommended conservative treatment that has failed to provide sustained improvement. Nerve conduction studies were reported as normal. Positive corticosteroid injection trial to both carpal tunnels was documented. Given the documented history and physical exam findings and successful corticosteroid injection trial, surgical intervention is consistent with guidelines. Therefore, this request is medically necessary.

Stage right carpal tunnel decompression: Overturned

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: 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. The Official Disability Guidelines state surgery should not be performed until the diagnosis of CTS is made by history, physical examination and possible electrodiagnostic studies. Symptomatic relief from a cortisone/anesthetic injection will facilitate the diagnosis; however the benefit from these injections although good is short-lived. Guideline criteria have been met. This patient presents with subjective and physical exam findings consistent with the diagnosis of bilateral carpal tunnel syndrome. There is evidence of extensive guideline-recommended conservative treatment that has failed to provide sustained improvement. Nerve conduction studies were reported as normal. Positive corticosteroid injection trial to both carpal tunnels was documented. Given the documented history and physical exam findings and successful corticosteroid injection trial, surgical intervention is consistent with guidelines. Therefore, this request is medically necessary.