

Case Number:	CM14-0178933		
Date Assigned:	11/03/2014	Date of Injury:	05/31/2013
Decision Date:	12/08/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/28/2014

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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland, Virginia, and North Carolina. 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 patient is a 56 year old female with a reported date of injury on 5/31/13 who requested right carpal tunnel release. Documentation from 10/9/14 notes pain in the right wrist, hand and thumb. Her condition is worsening. 'We requested authorization for right carpal tunnel release surgery and releasing of the first trigger finger.' Triggering is noted. Decreased right grip strength is noted. Phalen test is positive. Documentation from 9/11/14 notes right thumb triggering and hand numbness, tingling and weakness. She has had physiotherapy, home exercises, immobilization and medications. She has night pain and 2-point discrimination is 6 mm on the right hand at the radial aspect. Neurodiagnostic studies revealed moderate carpal tunnel syndrome consistent with the physical examination. The right was also previously injected with steroid, which did not provide any benefit. Qualified medical examination dated 9/8/14 notes the previous electrodiagnostic studies. The patient is noted to have negative Phalen's and Tinel's, but with some diminished sensation in the thenar and hypothenar area of the right hand. 'I am somewhat reluctant to recommend any surgical intervention.' 'If her symptoms continue to deteriorate, it would be my impression that she would be a candidate for a right carpal tunnel release.' Documentation from 4/17/14, notes that the patient has continued neck pain radiating to her extremities. She complains of bilateral wrist pain with numbness. Electrodiagnostic studies from 3/31/14 note mild to moderate bilateral carpal tunnel syndrome. There was no evidence of acute cervical radiculopathy. She has decreased sensation in the C6 dermatomal patterns. 'Positive Phalen and reverse Phalen signs are noted in the right wrist with decreased grip strength.' The patient is provided with a right wrist splint for nighttime splinting. Medications are refilled; Gabapentin is increased. Topical analgesics and activity modification are recommended as well. Qualified medical examination dated 4/10/14 notes the patient has possible right carpal tunnel syndrome (even though Phalen's and Tinel's is negative) and is

awaiting results from electrodiagnostic studies. Electrodiagnostic studies from 3/31/14 note mild to moderate bilateral carpal tunnel syndrome. Utilization review dated 10/16/14 did not certify the procedure, as 'the records submitted for review did not contain specific objective findings such as sensorimotor deficits and positive provocative tests to support the diagnosis of a right carpal tunnel syndrome, such as positive special testing (Compression test, Tinel's Phalen). There are no findings of thenar weakness, and/or complaints of nocturnal signs.'

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Wrist Carpal Tunnel Release: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7.

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

Decision rationale: The patient is a 56 year old with signs and symptoms of right carpal tunnel syndrome that is supported by electrodiagnostic studies. The patient has continued altered sensation in the median nerve distribution. She has undergone conservative management of splinting, medical management and steroid injection. Her condition is documented to have progressed. Electrodiagnostic studies provide confirmatory evidence of right carpal tunnel syndrome. Qualified medical examination notes symptoms consistent with right carpal tunnel syndrome and if there is continued progression then surgical correction is recommended. From ACOEM, page 270, CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare. Based on the available medical documentation, the above guidelines for surgical correction have been satisfied. The UR states that there are not sensorimotor deficits or provocative tests consistent with right carpal tunnel syndrome. This is contradicted by the medical records provided for this review. The patient has diminished sensation in the median nerve distribution of the right hand and positive Phalen's sign as documented by the requesting surgeon. Based on the available documentation, right Carpal Tunnel Release is medically necessary for this patient.