

Case Number:	CM14-0179307		
Date Assigned:	11/03/2014	Date of Injury:	03/26/2014
Decision Date:	12/09/2014	UR Denial Date:	10/03/2014
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 Occupational Medicine 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 24-year-old female with a 3/26/14 date of injury. At the time (9/23/14) of the request for authorization for release of volar carpal ligament, left wrist, there is documentation of subjective (right wrist pain, soreness, constant numbness) and objective (swelling, decreased sensation 3rd finger, moderate weakness of pinch, Phalen's) findings. The current diagnoses are overuse/repetitive motion syndrome bilateral upper extremities, carpal tunnel syndrome bilaterally, status post carpal tunnel release right wrist, and atrophy of thenar muscle. The treatment to date includes medication, physical therapy, and bracing. There is no documentation of positive electrodiagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Release of volar carpal ligament, left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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. Official Disability Guidelines 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)), at least 3 conservative treatment measures attempted (activity modification \geq 1 month, wrist splint \geq 1 month, nonprescription analgesia, physical therapy referral for home exercise training, and/or successful initial outcome from corticosteroid injection trial (optional)), and positive electrodiagnostic testing, 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 overuse/repetitive motion syndrome bilateral upper extremities, carpal tunnel syndrome bilaterally, status post carpal tunnel release right wrist, and atrophy of thenar muscle. In addition, there is documentation of at least 2 symptoms (pain and numbness), at least 2 findings by physical exam (Phalen Sign, decreased sensation), and at least 3 conservative treatment measures attempted (wrist splint \geq 1 month, nonprescription analgesia, and physical therapy referral for home exercise training). However, there is no documentation of positive electrodiagnostic testing. Therefore, based on guidelines and a review of the evidence, the request for release of volar carpal ligament, left wrist is not medically necessary.