

Case Number:	CM14-0186184		
Date Assigned:	11/14/2014	Date of Injury:	06/24/2011
Decision Date:	12/23/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/07/2014

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 has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 injured worker is a 64-year-old male who reported injury on 06/24/2011. The mechanism of injury was noted to be a car accident with a rollover. There was a request for authorization submitted for review dated 05/15/2014. The documentation of 05/15/2014 revealed the injured worker was utilizing Ultram, Tylenol and Voltaren. The surgical history was not provided. The injured worker indicated his neck pain was constant and radiated to his bilateral shoulders and continued down his arms with associated numbness and tingling in the bilateral hands. The documentation further stated that the injured worker had undergone an EMG and NCV on 05/15/2012 which identified moderate bilateral carpal tunnel syndrome, right more than left without evidence of cervical radiculopathy. The physical examination of the left wrist revealed decreased sensation to the radial fingers. The Tinel's and Phalen's were positive as was the carpal compression test. The diagnoses included bilateral carpal tunnel syndrome associated with flexor tendon tenosynovitis and median nerve impingement. The treatment plan included documentation indicating the injured worker had previously had a carpal tunnel condition and one that he must live with or undergo surgery because physical therapy and cortisone injections the physician opined do not solve the problem. The treatment plan included a carpal tunnel surgery of the left wrist followed by the right wrist. The subsequent documentation of 07/02/2014 revealed the injured worker continued to have signs and symptoms of carpal tunnel syndrome. The injured worker was noted to have a positive Tinel's sign, Phalen's sign and weakness of the short thumb abductor muscles. The request was again made for a carpal tunnel release with a flexor tendon tenosynovectomy and a median nerve neurolysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Left carpal tunnel release with complete flexor tendon tenosynovectomy and median nerve neurolysis: 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) Treatment in Workers Compensation (TWC), Online Edition

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate that hand surgery consultation may be appropriate for injured workers who have red flags of serious nature, failure to respond to conservative management including worksite modifications and who have clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term. Carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction studies before surgery is undertaken and a tendon release is supported once the injured worker has undergone conservative care including injections. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination. However, the electromyography /nerve conduction velocity (EMG/NCV) official report was not included for review. There was a lack of documentation of a failure of bracing and injections to support the necessity for the surgical intervention. Therefore, the request for associated surgical service: left carpal tunnel release with complete flexor tendon tenosynovectomy and median nerve neurolysis is not medically necessary.