

Case Number:	CM14-0023549		
Date Assigned:	06/11/2014	Date of Injury:	03/05/1998
Decision Date:	07/29/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/21/2014

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 Surgery/Hand Surgery and is licensed to practice in Oregon. 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 patient has pain and cramping in the fingers of the left hand. He has numbness of all the fingers especially the index and long fingers. He also has sensitivity of the lump in the left forearm. He is dropping objects with the left hand. Steroid injection improved his symptoms by 50%. Nerve conduction testing on 6/12/13 shows moderate to severe left carpal tunnel syndrome. His surgeon recommends scar revision and re-release of the carpal tunnel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrist forearm surgical scar excision without extension of the scar re exploration left carpal tunnel minimal dissection median nerve: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Chen et al, Scar Management: Prevention and Treatment Strategies, Current Opinion in Otolaryngology, Head and Neck Surgery, 2005 August, Volume 13, Number 4, 242-247.

Decision rationale: The carpal tunnel release is medically necessary. According to the ACOEM guidelines, Chapter 11, page 270, "Surgical decompression of the median nerve usually relieves

CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken." This patient has significant symptoms of carpal tunnel syndrome, an exam consistent with carpal tunnel syndrome and positive electrodiagnostic studies for median nerve compression. Per the ACOEM guidelines, carpal tunnel release is medically necessary. Scar revision is also necessary. ACOEM, ODG and MTUS do not address scar revision. However, the medical literature supports scar revision for painful scarring. According to Chen and Davidson, "Aberrant wound healing results in unsightly scar, hypertrophic scar, and keloid formation, causing functional and cosmetic deformities, discomfort, psychological stress, and patient dissatisfaction." Therefore, the request for wrist forearm surgical scar excision without extension of the scar re exploration left carpal tunnel minimal dissection median nerve in the hand is medically necessary and appropriate.