

Case Number:	CM14-0028431		
Date Assigned:	06/18/2014	Date of Injury:	11/21/2013
Decision Date:	07/22/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/06/2014

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, North Carolina, and Virginia. 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 53 year old female with a reported date of injury on 11/21/13 from repetitive motion and request for right carpal tunnel release. Electrodiagnostic studies from 7/10/12 note mild right carpal tunnel syndrome without evidence of neuropathy of the right ulnar nerve or right cervical radiculopathy. Documentation from an initial visit on 1/23/14 notes pain and numbness in both hands, as well as in both elbows, pain in the both lateral elbows, and pain in both radial wrists and shoulders. An examination relative to the right side at the wrist and hand notes tenderness at the anatomic snuffbox, positive for Tinel's, Phalen's and Finkelstein's tests. There is no atrophy of the thenar or hypothenar eminence. The intrinsic's strength is 5/5. The range-of-motion of the right thumb is normal. The carpometacarpal (CMC) grind test and joint tenderness is positive. Sensation of the right 5 digits is decreased in all fingers. An assessment included bilateral carpal tunnel syndrome. She was fitted for wrist splints and dispensed with menthoderm gel. The last reported medical documentation reviewed was from 1/23/14, the RFA dated 2/12/14 and referral dated 2/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARPAL TUNNEL RELEASE RIGHT WRIST: Upheld

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- 271.

Decision rationale: Overall, from review of the medical records, there is insufficient documentation to warrant right carpal tunnel surgery. According to the ACOEM Practice Guidelines, page 270, the patient is not documented to have red flags of a serious nature, including but not limited to thenara trophy or weakness. There is insufficient documentation of conservative measures that have been attempted prior to recommendation for surgical intervention. The patient had been given a splint and dispensed an analgesic gel, but no follow-up documentation with respect to any change in the condition of the patient is included in the records reviewed. Further from page 270, Patients with the mildest symptoms display the poorest post surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. The patient is noted to have mild carpal tunnel syndrome confirmed by electrodiagnostic studies, but as stated above, the patient is only noted to have just begun splinting. No previous documentation of conservative measures attempted is included for review. From page 271, Table 11-7, recommendations are made for the evaluation and treatment of carpal tunnel syndrome. Initial therapy includes splinting as first-line conservative treatment. Injection of corticosteroids into the carpal tunnel in mild or moderate cases of CTS after trial of splinting, and medication is recommended. As stated above, this has not been adequately documented. In summary, the patient has signs and symptoms of mild right carpal tunnel syndrome without red flags of a serious nature. There has been insufficient documentation of any conservative measures or any follow-up of conservative measures attempted. Based on a mild carpal tunnel syndrome, a well-documented conservative trial and possible steroid injection are indicated prior to surgical intervention. Thus, right carpal tunnel surgery is not medically necessary.