

Case Number:	CM14-0029134		
Date Assigned:	06/20/2014	Date of Injury:	09/05/2013
Decision Date:	11/20/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/07/2014

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 and is licensed to practice in Minnesota. 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 37 year old male injured by torquing a wrench on 9/5/2013. He complained of pain shooting from the elbow to the fifth finger and paresthesias in the thumb and index finger. Physical therapy, medication, braces and a carpal tunnel injection provided no relief. Electrophysiologic studies were performed on 11/12/2013. All nerve conduction studies of the left upper extremity were within normal limits. The sensory peak latency of the left median nerve was 2.2 milliseconds and the distal motor latency was 3.9 milliseconds. The normal is up to 4.5 milliseconds. However, on the basis of a combined sensory index of >0.9 milliseconds a mild carpal tunnel syndrome was diagnosed. Electromyography did not show any evidence of denervation. The disputed issues pertain to a request for open versus endoscopic left carpal tunnel release and 12 sessions of Occupational Therapy post-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open versus endoscopic left carpal tunnel release: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-273.

Decision rationale: Surgery is considered when there is a clear clinical and electrophysiologic evidence of a lesion that has been shown to benefit, in both short and long term, from surgical intervention. Surgery is successful in the majority of patients with an electrodiagnostically confirmed diagnosis of carpal tunnel syndrome. Patients with the mildest symptoms display the poorest results with surgery. The available records indicate absence of definite clinical evidence of carpal tunnel syndrome and negative nerve conduction studies with normal median latencies, both sensory and motor. A diagnosis of mild carpal tunnel syndrome was made on the basis of a combined sensory index. The diagnosis is in doubt. There is no Katz hand diagram and no Flick sign or positive Durkan's test. There is no thenar atrophy. 2 point discrimination is not documented. There was no response to the carpal tunnel injection which makes this diagnosis unlikely. In light of the above the request for open versus endoscopic carpal tunnel release is not medically necessary.

12 Sessions of Post-Operative Occupational Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical treatment (open or endoscopic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-273.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.