

Case Number:	CM14-0075067		
Date Assigned:	07/16/2014	Date of Injury:	06/07/2013
Decision Date:	08/25/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/22/2014

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 General Surgery 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:

This 58 year old male is suspected of having bilateral carpal tunnel syndrome. He complained of numbness and tingling in a median nerve distribution to the lateral three fingers of the right hand and slight numbness of the left index finger. He was injured 6/7/13. He also has complaints relative to the neck, shoulders, and the upper back. He has had chiropractic treatments. Electrodiagnostic studies 10/25/13 demonstrated bilateral carpal tunnel syndrome and no evidence of cervical radiculopathy. A short course of steroids was implemented. He derived no benefit from chiropractic care but noted in the chiropractic records is that the carpal tunnel syndrome was not treated. Studies have shown degenerative disc disease of the cervical spine. On 4/3/14, Tinel's testing of the ulnar and median nerves in the arm and wrist were negative bilaterally and examination showed altered or decreased sensation at the lateral 3 digits of the hands as well as distal triceps or posterior elbow on the right compared to the left.

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 5th Edition (web), 2007, Carpal tunnel-Surgery.

Decision rationale: There has been a period of activity modification. The history does not include a flick sign. There is not a history of nocturnal symptoms. Electrodiagnostic studies support the diagnosis as does the physical exam of 4/3/14. The electrodiagnostic studies do not suggest a cervical origin. There is not a report of atrophy on examination. Two-point discrimination is not discussed. This would not be considered a severe case of carpal tunnel syndrome. There was an oral steroid trial but there has not been a trial involving injection of the sheath. There has not been a trial of bracing, especially at night. Guidelines suggest that conservative management must have been shown to have failed in such a case of mild/moderate severe carpal tunnel syndrome prior to approval of carpal tunnel release. Therefore, request for carpal tunnel release right wrist is not medically necessary and appropriate.

Carpal Tunnel Release Left Wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 5th Edition (web), 2007, Carpal tunnel-Surgery.

Decision rationale: There has been a period of activity modification. The history does not include a flick sign. There is not a history of nocturnal symptoms. Electrodiagnostic studies support the diagnosis as does the physical exam of 4/3/14. The electrodiagnostic studies do not suggest a cervical origin. There is not a report of atrophy on examination. Two-point discrimination is not discussed. This would not be considered a severe case of carpal tunnel syndrome. There was an oral steroid trial but there has not been a trial involving injection of the sheath. There has not been a trial of bracing, especially at night. Guidelines suggest that conservative management must have been shown to have failed in such a case of mild/moderate severe carpal tunnel syndrome prior to approval of carpal tunnel release. Therefore, request for carpal tunnel release left wrist is not medically necessary and appropriate.