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| Case Number: | CM14-0090114 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 01/21/2013 |
| Decision Date: | 10/08/2014 | UR Denial Date: | 05/30/2014 |
| Priority: | Standard | Application Received: | 06/16/2014 |

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 Surgeon 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:

The injured worker is a 54-year-old female who reported an injury due to repetitive motion on 01/21/2013. The diagnoses included right carpal tunnel syndrome. The injured worker's prior treatments included psychological treatment, physical therapy, and medication management. Diagnostic studies included an unofficial EMG/NCV of the upper extremities that was noted to show evidence of a mild to moderate right and probable early left carpal tunnel syndrome. Surgical history included a right shoulder surgery. As of 03/18/2014, the injured worker reported numbness and tingling involving the right hand with her hand going to sleep at night. Current medications included Gabapentin, Amitriptyline, and Ibuprofen. The provider recommends surgical decompression of the median nerve to diminish the injured worker's persistent paresthesias. On 05/13/2014, the injured worker reported grip loss to the right hand. Objective findings included carpal tunnel syndrome of the right hand. The injured worker's treatment plan included remaining off work until 06/13/2014. The provider submitted a request for right carpal tunnel release. A Request for Authorization form was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release: 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, Carpal Tunnel Syndrome

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel, Carpal tunnel release surgery, (CTR).

Decision rationale: The request for Right Carpal Tunnel Release is not medically necessary. The California MTUS/ACOEM Guidelines state carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. The Official Disability Guidelines state indications for carpal tunnel release surgery include at least 2 of the following: positive compression test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, or mild thenar weakness. There should be documentation of at least 2 of the following symptoms: abnormal Katz hand diagram scores, nocturnal symptoms, or Flick sign. In addition, the Official Disability Guidelines require at least 3 of the following: activity modification greater than or equal to 1 month, a night wrist splint for at least 1 month, nonprescription analgesia, home exercise training, and a successful initial outcome from a corticosteroid injection trial (optional). Positive electrodiagnostic testing is required. There is a lack of documentation of the official nerve conduction test to corroborate carpal tunnel syndrome. There is a lack of documentation regarding abnormal Katz hand diagram scores or a Flick sign. In addition, there is a lack of documentation including an adequate and complete physical examination demonstrating the injured worker has at least 2 of the positive findings listed above. Moreover, there is a lack of documentation indicating the injured worker has utilized at least 3 of the recommended initial conservative treatments recommended above. The injured worker does not meet the criteria for carpal tunnel release surgery at this time. Therefore, the request for Right Carpal Tunnel Release is not medically necessary.