

Case Number:	CM14-0164840		
Date Assigned:	11/17/2014	Date of Injury:	02/03/2012
Decision Date:	01/05/2015	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/07/2014

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 43-year old female with a widespread chronic pain syndrome involving the spine and extremities associated with headaches, dizziness, morning stiffness, sleep difficulty, and depression. She has paresthesias in both hands involving all five fingers per 2012 medical records. She has typical distribution of tender points .A diagnosis of fibromyalgia was made in early 2012. The injured worker has evidence of cervical spondylosis with degenerative changes at C5-6 and C6-7. She is tender over both shoulder girdles and lateral epicondyles. An EMG and nerve conduction study of January 2013 was reported to show mild carpal tunnel syndrome on the left and mild to moderate on the right .However the actual report showing the sensory and motor latencies and the needle electromyography is not submitted. Nerve conduction studies of the lower extremities and needle electromyography of the lumbar area were negative. The last progress note dated 8/15/2014 is a handwritten abbreviated note that documents bilateral Tinels and Phalens, right more than left. The disputed issue pertains to a request for a left carpal tunnel release with flexor tenosynovectomy and/or neurolysis of the median nerve. This was non-certified by UR for lack of a detailed cervical spine and upper extremity neurological examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Carpal Tunnel Release with possible Flexor Tenosynovectomy and/or Median Neurolysis with [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260, 261, 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section Carpal Tunnel Syndrome, Topic: Indications for surgery.

Decision rationale: The California MTUS guidelines indicate symptoms of pain, numbness, and tingling are common in the general population but only one in five has carpal tunnel syndrome. The nerve conduction study is not submitted but the notes indicate mild carpal tunnel syndrome in the left hand. There is no Katz hand diagram. Tinels and Phalens are positive but Durkan's is not reported. Night splints or relief with a corticosteroid injection into the carpal tunnel are not documented. The guidelines indicate that patients with mild carpal tunnel syndrome do not do well with surgery. The left carpal tunnel syndrome is reported to be mild and latencies are not available. The ODG guidelines indicate necessity for surgery in severe carpal tunnel syndrome or not so severe with all of the following: abnormal Katz diagram, Flick sign, nocturnal symptoms, findings of compression test (Durkan's), Semmes Weinstein monofilament test, Phalens, Tinels, 2 point discrimination, mild thenar weakness, activity modification for 1 month, night wrist splint for 1 month, non-prescription analgesia, home exercise training, and positive corticosteroid injection outcome. With regard to the tenosynovectomy ODG guidelines indicate no proven benefit from that surgery. Epineurotomy is not recommended. Based upon the documentation submitted the injured worker does not meet the criteria for a carpal tunnel release and as such the requested surgery is not medically necessary.