

Case Number:	CM14-0185713		
Date Assigned:	11/13/2014	Date of Injury:	08/19/2014
Decision Date:	01/02/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/07/2014

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 Surgeon, Surgery of the Hand and is licensed to practice in Hawaii, Washington, Maryland. 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 61-year-old female with a reported injury on 08/19/2014. The injury reportedly occurred when she was doing a lot of wheelchair pushing at school. The injured worker's diagnoses were noted to include bilateral carpal tunnel syndrome. The injured worker's previous treatments have included wrist supports and nonsteroidal anti-inflammatory drugs, and tramadol. The injured worker's diagnostic testing reportedly included a nerve conduction study which revealed carpal tunnel syndrome; however, neither the date of the examination, the impression of the examination, nor the results were provided for review. She has reportedly also had an MRI and CT scan with results not provided for review. No pertinent surgical history was provided for review. The injured worker was evaluated on 10/09/2014 for complaints of bilateral carpal tunnel syndrome, primarily in the right hand, but also in the left, with numbness in the fingers, pain/tingling in both hands and wrists due to pushing wheelchairs daily. Physical examination of the right wrist revealed decreased range of motion with tenderness and swelling. She had decreased range of motion, tenderness, and swelling, and decreased sensation to the right hand. There was decreased sensation noted to the medial distribution with decreased strength. She exhibited thumb/finger opposition. There was no thenar or intrinsic atrophy. Tinel's sign was mild over the bilateral carpal tunnels. The right and left ulnar nerve compression over Guyon's canal was abnormal. Durkan's compression test of the right and left medial nerve elicited pain. Phalen's test elicited nonspecific numbness over both hands, right greater than left. The circumduction grind test revealed no clicking of the carpometacarpal joints of the thumbs. Inspection of the digits of both hands revealed no swan neck, Boutonniere, or mallet deformities. Palpation of the metacarpophalangeal and proximal interphalangeal joints revealed no tenderness of synovitis. There were no Heberden's nodes at the distal interphalangeal joints. There were no pre-existing significant scars or deformities over the hands

and wrists. There was normal light touch sensation of the median nerve distribution of the hands bilaterally. Direct palpation of the A1 pulleys elicited no tenderness or synovial cysts. The injured worker was offered injections at that visit. The clinician's treatment plan was for an orthopedic hand consult, a new prescription for tramadol, and maximum medical improvement or full recovery was expected in 16 weeks. The injured worker was evaluated on 10/14/2014 for complaints of right more than left hand numbness and tingling for 3 months. She reported night symptoms and some weakness. Light touch was intact, as was motor strength. Special testing of Tinel's, Durkan's, and Phalen's signs were positive. The injured worker was to proceed with right carpal tunnel release, and a follow-up visit was made.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The injured worker continued to complain of numbness, tingling, night symptoms, and weakness. The California MTUS/ACOEM Guidelines indicate that carpal tunnel syndrome must be proved with positive findings on clinical examination and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. The clinical information provided indicated that the patient was intact to light touch along the median, ulnar, and radial distributions. There was vague mention of night symptoms, but those symptoms were not specified. Special testing of Tinel's, Durkan's, and Phalen's signs were positive. Nerve conduction studies were not provided for review. Medical necessity has not been established based on the provided documentation. Therefore, the request for right carpal tunnel release is not medically necessary.