

Case Number:	CM14-0186986		
Date Assigned:	11/17/2014	Date of Injury:	09/01/2013
Decision Date:	01/05/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/10/2014

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 Plastic and Reconstructive Surgery and is licensed to practice in North Carolina, Virginia and 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 patient is a 41 year old female with a reported date of injury on 9/1/13 who requested right carpal tunnel release. She complains of right upper extremity pain including the shoulder and numbness/tingling in the hand/finger tips in the median nerve distribution. She underwent right shoulder surgery on 8/12/14 and was noted to have worsening of her hand symptoms following the surgery. Examination noted diminished sensation in the median nerve distribution, as well as a positive Phalen's sign, but with excellent grip strength. Electrodiagnostic studies dated 4/30/14 report a normal study for the right upper extremity. UR dated 10/30/14 did not certify the procedure. Reasoning given was that right carpal tunnel syndrome was not supported by clinical exam findings and electrodiagnostic studies.

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.

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

Decision rationale: The patient is a 41 year old female with some signs and symptoms of possible right carpal tunnel syndrome. However, previous electrodiagnostic studies have been normal. In addition, conservative management has not been adequately documented and signs of a severe condition are not present. Thus, right carpal tunnel release should not be considered medically necessary. From ACOEM, Chapter 11, page 270, surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare.