

Case Number:	CM14-0192017		
Date Assigned:	11/25/2014	Date of Injury:	06/17/2013
Decision Date:	01/12/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/17/2014

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 Illinois. 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 34-year-old female who reported an injury on 06/17/2013. The mechanism of injury was repetitive use. The injured worker's diagnoses included bilateral hand pain. The injured worker's past treatments included 28 sessions of physical therapy, injections, acupuncture, and medications. The injured worker's diagnostic testing included an MRI of the left and right wrist, taken on 12/26/2013. MRI of the left wrist showed widening at the SL interval; there was also cystic changes at capitate. MRI of the right wrist showed no obvious acute findings. An electrodiagnostic study performed on 10/14/2014 was noted to reveal bilateral carpal tunnel syndrome. There were no relevant surgeries included in the documentation. On 09/02/2014, the injured worker complained of bilateral hand pain and wrist pain. She reported her current pain level 8/10 on a pain scale. Aggravating factors included lifting and certain movements. Upon physical examination, there was tenderness to palpation throughout, more at carpal tunnel bilaterally. Bilateral active range of motion was noted to be normal. There was no gross instability of the left or right wrist. Tinel's sign at the median nerve and the ulnar nerve was positive bilaterally. The injured worker was noted with decreased ulnar nerve distribution on the right and on the left. The injured worker's medications were noted to include cyclobenzaprine 10 mg, ibuprofen 800 mg, and a topical patch. The request was for right carpal tunnel release, wrist synovectomy. The rationale for the request was not clearly provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release, wrist synovectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Carpal Tunnel Syndrome Procedure Summary

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 syndrome, Carpal tunnel release surgery

Decision rationale: According to the California MTUS/ACOEM guidelines, surgical decompression of the median nerve usually relieves carpal tunnel syndrome symptoms. High quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of carpal tunnel syndrome. The patients with moderate or severe carpal tunnel syndrome have better outcomes from surgery than splinting. 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. According to the Official Disability Guidelines, adjunctive procedures like synovectomy have no recommendation for or against their use. The injured worker complained of bilateral wrist pain that she rated an 8/10 on a pain scale. She reported 28 sessions of physical therapy, injections, and medications were not helpful. The injured worker was noted with a positive Tinel's sign bilaterally at the median nerve. The injured worker subjectively and objectively showed symptoms of carpal tunnel syndrome, and the electrodiagnostic study was submitted to support the diagnosis of carpal tunnel syndrome. The patient completed a significant amount of physical therapy and an injection without significant improvement. As such, the request is medically necessary.