

Case Number:	CM14-0194469		
Date Assigned:	12/02/2014	Date of Injury:	03/05/2013
Decision Date:	01/14/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/20/2014

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 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:

According to the records made available for review, this is a 34-year-old female with a 3/5/13 date of injury. At the time (10/29/14) of the decision for right carpal tunnel release, there is documentation of subjective (bilateral wrist and hand pain with numbness and tingling) and objective (positive Tinel's and Phalen's tests of the right hand, tenderness to palpation over the right wrist, abnormal two-point discrimination over the median nerve distribution greater than 8 mm, and abnormal grip and sensation of the right hand) findings. Electromyography (EMG) of the bilateral upper extremities (1/10/14) report revealed mild to moderate bilateral carpal tunnel syndrome. The current diagnoses are right hand strain/sprain and right carpal tunnel syndrome. The treatment to date includes activity modifications, physical therapy, and medications (including Ketoprofen). There is no documentation of at least 2 additional symptoms (abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign) and no current pregnancy.

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 Page(s): 270.

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

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of positive findings on clinical examination and the diagnosis should be supported by nerve conduction, as criteria necessary to support the medical necessity of carpal tunnel release. Official Disability Guidelines identifies documentation of at least 2 symptoms (abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign), at least 2 findings by physical exam (Durkan's compression test, Semmes-Weinstein monofilament test, Phalen Sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness (thumb abduction). There must be no current pregnancy, at least 3 conservative treatment measures attempted (activity modification greater than or equal to 1 month, wrist splint greater than or equal to 1 month, nonprescription analgesia, physical therapy referral for home exercise training, and/or successful initial outcome from corticosteroid injection trial (optional), positive electrodiagnostic testing, as criteria necessary to support the medical necessity of carpal tunnel release. Within the medical information available for review, there is documentation of diagnoses of right hand strain/sprain and right carpal tunnel syndrome. In addition, there is documentation of at least 2 findings by physical exam (Phalen Sign, Tinel's sign, and decreased 2-point discrimination), at least 3 conservative treatment measures attempted (activity modification greater than or equal to 1 month, nonprescription analgesia, and physical therapy referral for home exercise training), and positive electrodiagnostic testing. However, despite documentation of subjective findings (bilateral wrist and hand pain with numbness and tingling), there is no documentation of at least 2 additional symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign). In addition, there is no documentation that there is no current pregnancy. Therefore, based on guidelines and a review of the evidence, the request for right carpal tunnel release is not medically necessary.