

Case Number:	CM14-0200593		
Date Assigned:	12/10/2014	Date of Injury:	08/01/2012
Decision Date:	01/30/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/01/2014

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 Ohio. 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 42-year-old female who reported an injury on 08/01/2012. The mechanism of injury reportedly occurred as cumulative trauma. Her diagnoses included bilateral carpal tunnel syndrome, status post right carpal tunnel release, postoperative neuritis right hand and wrist, status post trigger release right thumb and A1 pulley, rule out peripheral neuropathy, situational depression, anxiety and insomnia related to chronic pain and disability. Her past treatments have included medications, psychotherapy, splinting, work modifications and 9 sessions of postoperative physical therapy. Diagnostic studies included electrodiagnostic studies of the bilateral upper extremities in 10/2012 that noted mild bilateral carpal tunnel syndrome. Her surgical history includes a right carpal tunnel release in 02/2003 and a right thumb trigger release and A1 pulley on 04/24/2014. On 10/16/2014, the injured worker presented with significant pain in the upper extremities radiating down into her wrist, associated with her carpal tunnel syndrome. She stated that the pain increase was causing sweating of hands and cramping of fingers, as well as tingling down the hands and up into the forearms bilaterally. She further stated that currently the left hand was worse than the right. Additionally, she stated that the use of Percocet had been more effective than the use of Norco, reducing her pain level from 9/10 down to a 5.5/10. Upon physical examination of the upper extremities, significant tenderness to the bilateral wrists with positive carpal tunnels, causing sharp, shooting, burning pain into the hands along the C7 dermatomal pattern and increased range of motion was noted. It was further noted that the injured worker used braces bilaterally and continued to have tenderness over the incision on the right. Her current medication regimen was not provided. The treatment plan included repeat random UDS, a follow-up in 2 weeks and her psychiatric disability report. The rationale for the request was not provided within the submitted documentation. A Request for Authorization form was not provided within the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right carpal tunnel release under local anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Indications For Surgery, Carpal Tunnel Release.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Carpal Tunnel Release Surgery (CTR).

Decision rationale: The request for outpatient right carpal tunnel release under local anesthesia is not medically necessary. The injured worker has right wrist pain. The Official Disability Guidelines state that the indications for carpal tunnel release surgery; with severe carpal tunnel syndrome require all of the following: Symptoms or findings of severe carpal tunnel syndrome requiring all of the following: Muscle atrophy; severe weakness of thenar muscles; and 2 point discrimination test greater than 6 mm; and positive electrodiagnostic testing; or for nonsevere carpal tunnel syndrome it requires all of the following: Symptoms of pain; numbness; paresthesia; impaired dexterity; requiring 2 of the following: abnormal Katz hand diagram scores; nocturnal syndrome; and flick sign; findings by physical exam requiring 2 of the following: Compression test; Semmes-Weinstein monofilament test; Phalen's sign; Tinel's sign; decreased 2 point discrimination; and mild thenar weakness. Comorbidities: No current pregnancy. Initial conservative treatment requiring 3 of the following: Activity modification greater than or equal to 1 month; night wrist splint greater than or equal to 1 month; nonprescription analgesia, i.e. acetaminophen; home exercise training (provided by physician, healthcare provider or therapist); successful initial outcome from corticosteroid injection trial. "Initial relief of symptoms can assist in confirmation of diagnosis and can be a good indicator for success of surgery if electrodiagnostic is not readily available." Lastly, positive electrodiagnostic testing. The documentation submitted for review failed to provide evidence of severe carpal tunnel syndrome or nonsevere carpal tunnel syndrome with any of the aforementioned subsequent requirements. In the absence of the aforementioned documentation, the request, as submitted, does not support the evidence based guidelines. As such, the request for outpatient right carpal tunnel release under local anesthesia is not medically necessary.