

Case Number:	CM14-0201765		
Date Assigned:	12/12/2014	Date of Injury:	10/21/2012
Decision Date:	01/29/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/02/2014

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 Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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:

This male complains that pain in both wrists with numbness and tingling. He also had back injury and has not been working. On exam: strength is 5/5 with decreased sensation in both hands with pinwheel. Tinel's is positive and Finkelstein negative bilaterally. He is currently taking norco and tramadol. EMG/NCV dated 11/5/14 showed bilateral median neuropathy at the wrist, severe on the right and mild on the left. MRI of the right wrist dated 9/5/13 showed subchondral cyst within the lunate at the attachment of scapholunate ligament consistent with ganglion cyst. He is diagnosed with carpal tunnel and cervical radiculopathy. His surgeon requests right Carpal Tunnel Release 64721.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release: Overturned

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

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

Decision rationale: The carpal tunnel release is medically necessary. According to the ACOEM guidelines, 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." This patient has significant symptoms of carpal tunnel syndrome, an exam consistent with carpal tunnel syndrome and positive electrodiagnostic studies for severe median nerve compression. The ACOEM supports carpal tunnel release, especially for patients with a diagnosis of severe carpal tunnel syndrome. Per the ACOEM guidelines, carpal tunnel release is medically necessary.