

Case Number:	CM14-0206944		
Date Assigned:	12/18/2014	Date of Injury:	04/01/2014
Decision Date:	02/13/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/10/2014

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 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:

The patient is a 36-year-old female who has submitted a claim for right carpal tunnel syndrome and cervical impingement syndrome associated with an industrial injury date of 4/1/2014. Medical records from 2014 were reviewed. The patient complained of pain and tingling sensation at first three digits of both hands. The pain was rated 4/10 in severity and she had difficulties with chopping food, opening jars, mopping, and using her hands repetitively. Physical examination showed pain during wrist flexion and extension. Cervical compression test was positive on the right. Reflexes and sensory were intact. Tinel's test was positive at the right elbow and both wrists. Electrodiagnostic study on 7/24/2014 showed slight right and left carpal tunnel syndrome based upon slowing of distal motor and sensory latencies and without evidence of generalized peripheral neuropathy, plexopathy and myopathy. Treatment to date has included physical therapy, nighttime splints and medications. The utilization review from 11/21/2014 denied the request for right carpal tunnel release. Reasons for denial were not made available.

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): 270-271.

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 chapter, Carpal tunnel release surgery (CTR)

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines was used instead. According to Official Disability Guidelines, carpal tunnel release surgery is recommended after an accurate diagnosis of moderate to severe carpal tunnel syndrome. For severe carpal tunnel syndrome, indications include muscle atrophy and severe weakness of the thenar muscles, two-point discrimination test > 6 mm, and positive electrodiagnostic testing. For other cases, indications include symptoms - nocturnal symptoms, flick sign, abnormal Katz hand diagram scores; at least two of the following - compression test, Semmes-Weinstein monofilament test, Phalen sign, Tinel's sign, decreased 2-point discrimination, or mild thenar weakness; initial conservative treatment, at least 3 of the following - activity modification > 1 month, night wrist splinting > 1 month, analgesic medications, home exercise training, or successful outcome from corticosteroid injection trial; and positive electrodiagnostic testing. In this case, the patient complained of pain and tingling sensation at first three digits of right hand. The pain was rated 4/10 in severity and she had difficulties with chopping food, opening jars, mopping, and using her hands repetitively. Physical examination showed pain during wrist flexion and extension. Cervical compression test was positive on the right. Reflexes and sensory were intact. Tinel's test was positive at the right elbow and right wrist. Symptoms persisted despite physical therapy, nighttime splints and medications hence the request for surgery. However, the electrodiagnostic study on 7/24/2014 only showed slight right carpal tunnel syndrome based upon slowing of distal motor and sensory latencies and without evidence of generalized peripheral neuropathy, plexopathy and myopathy. There is no significant neuropathy based on the EMG/NCV study. Moreover, there is no progress report from orthopedics concerning the medical necessity of surgery. Therefore, the request for right carpal tunnel release is not medically necessary.