

Case Number:	CM14-0208952		
Date Assigned:	12/22/2014	Date of Injury:	09/08/2014
Decision Date:	02/13/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/15/2014

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 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 65-year-old male with a 9/8/14 date of injury. At the time (11/19/14) of request for authorization for right Carpal tunnel release, there is documentation of subjective (bilateral hand numbness) and objective (bilateral contracture of the 4th digit) findings, electrodiagnostic study findings (reported nerve conduction test (9/8/14) revealed bilateral carpal tunnel syndrome; report not available for review), current diagnoses (bilateral carpal tunnel syndrome), and treatment to date (wrist brace). There is no documentation of at least 2 additional symptoms; at least 2 findings by physical exam; at least 2 additional conservative treatment measures attempted; and an electrodiagnostic report.

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.

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. ODG identifies documentation of at least 2 symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)), 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), no current pregnancy, at least 3 conservative treatment measures attempted (activity modification \geq 1 month, wrist splint \geq 1 month, nonprescription analgesia, physical therapy referral for home exercise training, and/or successful initial outcome from corticosteroid injection trial (optional)), and 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 a diagnosis of bilateral carpal tunnel syndrome. However, despite documentation of subjective findings (bilateral hand numbness), there is no documentation of at least 2 additional symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)). In addition, despite documentation of objective (bilateral contracture of the 4th digit) findings, there is no documentation of 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)). Furthermore, despite documentation of conservative treatment (wrist splint), there is no documentation of at least 2 additional conservative treatment measures attempted (activity modification \geq 1 month, nonprescription analgesia, physical therapy referral for home exercise training, and/or successful initial outcome from corticosteroid injection trial). Lastly, despite documentation of medical report's reported electrodiagnostic study (nerve condition study identifying bilateral carpal tunnel syndrome), there is no documentation of an electrodiagnostic report. Therefore, based on guidelines and a review of the evidence, the request for right carpal tunnel release is not medically necessary.