

Case Number:	CM15-0003652		
Date Assigned:	01/14/2015	Date of Injury:	10/18/2012
Decision Date:	03/09/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic Surgery

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 41 year old male who sustained an industrial injury on October 18, 2012. He has reported right foot pain, bilateral arm pain from wrist to elbows and has been diagnosed with sprain elbow/forearm, sprain of the wrist, and sprain of the foot (right heel area). Treatment to date has included surgery and therapy. Currently the injured worker complains of bilateral elbow pain, numbness, tingling, and tenderness radiating down both forearms and right foot pain. The treatment plan included surgery. On December 9, 2014 Utilization review non certified left carpal tunnel release, med nerve block, synovectomy citing the MTUS, ACEOM, and Official Disability Guidelines. Documentation from 12/4/14 notes, that the patient had undergone right carpal tunnel release on 10/1/14 and that the patient was receiving physical therapy following this surgery. Post-operative note from 10/31/14 notes that the patient has complaints of worsening left carpal tunnel syndrome and swelling indicative of flexor tenosynovial proliferation. He is noted to have numbness and tingling in the median nerve distribution. He has symptoms at night that awaken him. He was recommended to continue splinting and medical management, while recovering from right carpal tunnel release. Previous examination had noted a positive Tinel's and Phalen's signs. He is noted to have undergone previous steroid injection of the bilateral carpal tunnel syndrome with temporary relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Carpal Tunnel Release, Med Nerve Block, Synovectomy: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 and 272.

Decision rationale: The patient is a 41 year old male with signs and symptoms of left carpal tunnel syndrome that has failed conservative management of medications, steroid injections and bracing. This condition is supported by electrodiagnostic studies. From ACOEM, 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 postsurgery 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. From table 11-7, page 272 splinting is first-line conservative management for carpal tunnel syndrome and steroid injection after failure of splinting and medication. Thus, based on these guidelines the patient has satisfied medical necessity for left carpal tunnel syndrome. Treatment of any flexor tendon tenosynovial proliferation can be judged during the procedure and should not preclude certification of the left carpal tunnel syndrome. A median nerve block is considered reasonable as judge by the UR. The UR had stated that there was not documentation of conservative management. This has been satisfied by review of the medical records provided. The patient is noted to have been undergoing bracing, medical management and previous steroid injection.