

Case Number:	CM15-0006587		
Date Assigned:	01/26/2015	Date of Injury:	10/17/2005
Decision Date:	03/20/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/12/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 56-year-old female who reported an injury on 10/17/2005. The mechanism of injury involved repetitive activity. The current diagnoses include left carpal tunnel syndrome and left wrist sprain. The injured worker presented on 12/02/2014 with complaints of left hand numbness. Previous conservative treatment includes medication management, splinting, and a cortisone injection. The injured worker reported mild improvement for approximately 1 month following a cortisone injection into the left wrist. Upon examination, there is positive Tinel's at the carpal tunnel, significant discomfort with ulnocarpal impaction and deep palpation of the TFCC, and negative swelling. Recommendations included a diagnostic arthroscopy with debridement versus repair of the TFCC and rerelease of the carpal tunnel on an outpatient basis. There was no Request for Authorization form submitted for review. It is noted that the injured worker underwent an MRI of the left wrist on 09/29/2014, which revealed a slightly abnormal signal intensity and size of the median nerve within the carpal tunnel and a high grade or possibly complete tear of the central portion of the TFCC. Electrodiagnostic studies were also completed on 06/03/2014, with evidence suggesting mild residual median neuropathy at the left carpal tunnel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Arthroscopy left wrist, debridement versus repair of TFCC tear and re-release of left carpal tunnel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, Hand Procedure

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, failed to respond to conservative management, and have clear clinical and special study evidence of a lesion. While it is noted that the injured worker has been treated with medications, splinting, and a cortisone injection, repair and revision carpal tunnel release would not be supported in this case. The injured worker's post procedural electrodiagnostic studies reveal evidence of mild residual carpal tunnel syndrome, which is consistent with a recent surgical process. There is no indication of significant pathology. Additionally, the specific treatment that has been utilized for the triangular fibrocartilage injury is unclear. Treatment to date is noted to have included night splinting and an injection for the carpal tunnel syndrome. Given the above, the request is not medically appropriate at this time.