

Case Number:	CM15-0007663		
Date Assigned:	01/26/2015	Date of Injury:	03/12/2012
Decision Date:	04/06/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/13/2015

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: Minnesota, Florida

Certification(s)/Specialty: Orthopedic 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 57 year old female, who sustained an industrial injury on 03/12/2012. She has reported right hand pain. The diagnoses have included trigger finger; carpometacarpal arthritis thumb, degenerative; and carpal tunnel syndrome, bilateral. Treatment to date has included medications, physical therapy, and surgical intervention. Surgical intervention has included a right carpal tunnel release, performed on 08/01/2012; and a left carpal tunnel release, performed on 10/22/2014. A progress note from the treating physician, dated 12/30/2014, documented a follow-up visit with the injured worker. The injured worker reported pain in the right hand described as sharp, constant, and burning; the left hand is doing better; and significant residual limitations in the right hand. Objective findings included healed endoscopic carpal tunnel incision, left mini open incision; Jamar grip strength is 34 on the right, 33 on the left; positive Tinel's right carpal tunnel; and positive Phalen's on the right. The treatment plan has included request for revision right carpal tunnel release to mini-open; and follow-up evaluation in six weeks. On 01/07/2015 Utilization Review noncertified 1 Right Carpal Tunnel Release Revision. The CA MTUS ACOEM Forearm, Wrist, and Hand Complaints; and the ODG Carpal Tunnel Chapter. On 01/13/2015, the injured worker submitted an application for 1 Right Carpal Tunnel Release Revision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release revision: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258, 261, 263, 270.

Decision rationale: The injured worker is a 57-year-old female with a history of carpal tunnel syndrome in the past. She underwent an endoscopic right carpal tunnel release in 2012. She then underwent treatment for breast cancer including chemotherapy. Per provider's notes the initial nerve conduction study prior to the surgery showed bilateral carpal tunnel syndrome. Repeat studies were normal but she continued to be symptomatic. She then had a mini open left carpal tunnel release on 10/22/2012 with excellent relief of symptoms. The right side continues to be disabling and she would like to proceed with a revision right carpal tunnel release to mini open. Additional documentation indicates that she has chronic pain due to her medication for breast cancer. She has shoulder and knee pain. Examination on 12/30/2014 revealed absence of dysesthesia, numbness, paresthesias and weakness in the extremities. There was a healed right carpal tunnel endoscopic incision and left mini open incision. Grip strength was 34 pounds on the right and 33 pounds on the left. There was a positive Tinel's and positive Phalen's on the right. Sensation to monofilament testing was 2.83 in the right thumb and 3.61 in all other digits of the right hand. On the left side it was 2.83 in the long, ring, and index fingers and 3.61 in the thumb and fifth finger. The thenar strength was 4/5 on the right and 5/5 on the left. The diagnosis is carpal tunnel syndrome, bilateral with peripheral neuropathy secondary to chemotherapy. On July 8, 2014 the injured worker underwent electromyography and nerve conduction studies. The conclusion was no electrodiagnostic evidence of bilateral upper extremity localized median, ulnar, or radial sensory or motor neuropathy. There was no electrodiagnostic evidence of cervical axonal motor radiculopathy or brachial plexopathy. The provider is requesting a mini open repeat right carpal tunnel release. California MTUS guidelines indicate that carpal tunnel syndrome should be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. The electrodiagnostic studies as reported have been negative. Furthermore, there is no documentation of conservative care. In the absence of the foregoing, the guidelines do not recommend a revision carpal tunnel release. As such, the medical necessity of the requested procedure is not substantiated.