

Case Number:	CM15-0007700		
Date Assigned:	01/23/2015	Date of Injury:	09/20/2013
Decision Date:	03/17/2015	UR Denial Date:	12/17/2014
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: 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 45 year old male who sustained a work related injury September 30, 2013. While lifting a tray of silverware he immediately felt a sharp pain to his back and neck. He later also lost his balance on a ladder and fell onto the hard floor and his left foot landed in a water boiler. He felt sharp pain in his head, back, neck and left foot. He was prescribed medications, underwent x-rays and returned to work with restrictions. According to a primary treating physician's report dated December 10, 2014, the injured worker presented with complaints of cervical pain 6/10 with stiffness and headaches; bilateral wrist pain left greater than right 8/10 and lumbosacral pain 8/10 (some handwritten documentation not legible to this reviewer). The injured worker has received physical therapy, acupuncture, and lumbar epidural steroid injections over the course of care. A magnetic resonance imaging of the right elbow report, dated July 3, 2014, is present in the medical record. Diagnoses are documented as bilateral carpal tunnel syndrome; cervical spine sprain/strain; dorsal lumbar sprain/strain; s/p head contusion. Treatment plan included continue medications; continue home exercise program; follow-up with psych evaluation; follow-up with physician for lumbar epidural injections and another follow-up physician which is not legible to this reviewer. Work status is documented as return to work with restrictions. According to utilization review performed December 17, 2014, the request for Left Carpal Tunnel Release and Right Carpal Tunnel Release were non-certified, citing MTUS ACOEM guidelines, Forearm Wrist and Hand Complaints. UR review documents electrodiagnostic studies from 5/2/14 showing bilateral carpal tunnel syndrome. Examinations have noted bilateral signs and symptoms of carpal tunnel syndrome with a suggestion of severe

findings at the patient is noted to have thenar atrophy bilaterally. The patient is noted to have failed splinting and medical management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Carpal Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for Surgery- Carpal Tunnel Release

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265 and 272.

Decision rationale: The patient is a 45 year old with well-documented signs and symptoms of bilateral carpal tunnel syndrome supported by electrodiagnostic studies and having undergone conservative management of splinting and medical management. The patient does not have evidence of a severe condition and thus, based on ACOEM, page 272 Table 11-7 consideration should be given for steroid injection after failure of splinting and medical management. Based on these findings, left carpal tunnel release should not be considered medically necessary. From page 265, CTS may be treated for a similar period with a splint and medications before injection is considered, except in the case of severe CTS (thenar muscle atrophy and constant paresthesias in the median innervated digits). Outcomes from carpal tunnel surgery justify prompt referral for surgery in moderate to severe cases, though evidence suggests that there is rarely a need for emergent referral.

Right Carpal Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition Chapter: Carpal Tunnel Syndrome

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265 and 272.

Decision rationale: The patient is a 45 year old with well-documented signs and symptoms of bilateral carpal tunnel syndrome supported by electrodiagnostic studies and having undergone conservative management of splinting and medical management. The patient does not have evidence of a severe condition and thus, based on ACOEM, page 272 Table 11-7 consideration should be given for steroid injection after failure of splinting and medical management. Based on these findings, right carpal tunnel release should not be considered medically necessary. From page 265, CTS may be treated for a similar period with a splint and medications before injection is considered, except in the case of severe CTS (thenar muscle atrophy and constant paresthesias in the median innervated digits). Outcomes from carpal tunnel surgery justify prompt referral for

surgery in moderate to severe cases, though evidence suggests that there is rarely a need for emergent referral.