

Case Number:	CM15-0008853		
Date Assigned:	01/26/2015	Date of Injury:	09/24/2014
Decision Date:	03/20/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/15/2015

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 37 year old male with a date of injury as 09/24/2014. The cause of the injury was related to cumulative trauma. The current diagnoses include bilateral carpal tunnel syndrome. Previous treatments include medications, wrist brace, activity modification, and physical therapy. Report dated 12/22/2014 noted that the injured worker presented with complaints that included bilateral wrist pain. Physical examination revealed positive Phalens sign in the right hand. Electrodiagnostic study dated 12/12/2014 revealed evidence of bilateral median sensory mononeuropathy with demyelination across the wrist consistent with mild carpal tunnel syndrome. The injured worker is on modified work restrictions. The utilization review performed on 01/05/2015 non-certified a prescription for outpatient carpal tunnel release left wrist based on medical necessity. The reviewer referenced the California MTUS ACOEM and Official Disability Guidelines in making this decision. The patient reports nighttime numbness and pain in both hands and wrists. On 11/10/14, the patient reports improvement in his paresthesias of both long fingers. Sensory is intact to the left hand. Tinel's or Phalen's is not documented. Plan is for conservative management and electrodiagnostic studies. Documentation from 11/17/14 notes diminished sensation to light touch of the right long finger, but bilateral Tinel's, and Phalen's are positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Surgery: Carpal Tunnel Release (Left Wrist): Overturned

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

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

Decision rationale: The patient is a 37 year old female with signs and symptoms of bilateral carpal tunnel syndrome that has failed extensive management, including splinting, medical management and physical therapy. Electrodiagnostic studies support the clinical condition of bilateral carpal tunnel syndrome. From ACOEM, page 270, CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. The patient has adequately satisfied this requirements and thus left carpal tunnel syndrome should be considered medically necessary. The UR review stated that there was not supportive evidence for left carpal tunnel release but for right carpal tunnel release. The medical records provided for this review document bilateral carpal tunnel syndrome, bilateral failure of conservative management and electrodiagnostic studies that support bilateral carpal tunnel syndrome. Thus, either right or left carpal tunnel release has satisfied medically necessary criteria as outlined by ACOEM.