

Case Number:	CM15-0102979		
Date Assigned:	06/05/2015	Date of Injury:	08/27/2007
Decision Date:	07/10/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/28/2015

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, Hand 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 (IW) is a 52-year-old female who sustained an industrial injury on 08/27/2007. Diagnoses include carpal tunnel syndrome, lateral epicondylitis and CMC joint arthritis right thumb. Treatment to date has included medications, activity modification, injections and physical therapy. According to the PR2 dated 4/6/15 the IW reported right thumb (CMC joint) pain and severe left carpal tunnel syndrome; she wanted to pursue left carpal tunnel release surgery. On examination there was tenderness along the left lateral elbow radiating down the radial nerve with pain along the radial nerve at the level of the supinator muscle. Tinel's sign was positive in the left hand and there was numbness in the median nerve distribution. Resisted extension of the left fingers produced pain. The right wrist volar incision was well-healed and there was tenderness to palpation over the median nerve. Kenalog and Xylocaine was injected into the right thumb CMC joint and the left carpal tunnel on the date of exam. A request was made for one left open carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left open carpal tunnel release: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-270.

Decision rationale: In this case, there are very long-standing and diffuse symptoms attributed to sprains and strains of the neck, sprains and strains of the low back, psychogenic pain, lumbar disc degeneration, lumbar spinal stenosis, spondylolisthesis, lumbar disc displacement, depression with anxiety, panic attacks, epicondylitis and carpal tunnel syndrome being treated with multiple medications including Lidoderm, gabapentin, cyclobenzaprine, Zoloft, doxepin, naproxen and hydrocodone. Only a minor minority of the diffuse symptoms could reasonably be attributed to carpal tunnel syndrome. The California MTUS notes that, "traditional findings of carpal tunnel syndrome have limited specific diagnostic value" (page 258) and recommends the diagnoses be supported by electrodiagnostic testing. A large volume of records provided for my review suggests such testing as been performed, but it was not forwarded for review. In the absence of electrodiagnostic evidence of median neuropathy at the left wrist and combined with the history of diffuse non-anatomic symptoms, left carpal tunnel decompression surgery is unlikely to bring about substantial functional improvement such as decreased reliance on prescription medications and return to work and is not supported as medically necessary at this time.