

Case Number:	CM15-0104995		
Date Assigned:	06/12/2015	Date of Injury:	11/14/2014
Decision Date:	07/14/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/01/2015

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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand 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 61 year old male who sustained an industrial injury on 11/14/2014. Treatment provided to date has included: physical therapy (6), right carpal tunnel release (03/25/2015), medications, and conservative therapies/care. Diagnostic tests performed include: electrodiagnostic and nerve conduction testing of the upper extremities (01/22/2015) resulting in a normal electromyography and an abnormal nerve conduction. There were no noted previous injuries or dates of injury, and no noted co-morbidities. On 05/11/2015, physician progress report noted improvement in the right hand after undergoing a right carpal tunnel release surgery on 03/25/2015. The injured worker was no longer experiencing numbness and tingling in the right hand median nerve distribution, and there was noted improvement in grip strength. There was no longer triggering or locking of the right index finger, but there was some continued pain and tenderness with very strenuous use of the right hand. There were complaints of worsening left carpal tunnel symptoms with obvious swelling over the left volar distal forearm. The physical exam of the left upper extremity also revealed positive Tinel's and Phalen's tests, Phalen and Durkan maneuvers elicit burning pain that radiates up along the Volar forearm and upper lateral arm area. The provider noted diagnoses of tenosynovitis of the wrist and hand, and acquired trigger finger. Due to increasing symptoms in the left upper extremity, the injured worker agrees to the plan for left carpal tunnel release revision. Plan of care includes a carpal tunnel release, median nerve block, synovectomy, and possible median nerve internal neurolysis hypothenar fat flap for the left wrist. The injured worker's work status . Requested treatments include a carpal tunnel release, median nerve block, synovectomy, and possible median nerve internal neurolysis hypothenar fat flap for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal Tunnel Release, Median Nerve Block, Synovectomy, possible median nerve internal neurolysis hypothenar fat flap for left wrist/hand: 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): 270.

Decision rationale: The carpal tunnel release is medically necessary. According to the ACOEM guidelines, Chapter 11, page 270, Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. This patient has significant symptoms of carpal tunnel syndrome, an exam consistent with carpal tunnel syndrome and positive electrodiagnostic studies for median nerve compression. Per the ACOEM guidelines, carpal tunnel release is medically necessary. Nerve block, synovectomy, hypothenar fat flap and internal neurolysis are not medically necessary. ACOEM supports carpal tunnel release only for the diagnosis of carpal tunnel syndrome. ACOEM does not support any of these adjunctive treatments. Median nerve block by the surgeon is a component part of the carpal tunnel release. Anesthesia by the surgeon is a component part of any surgical procedure.