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| Case Number: | CM15-0019740 | | |
| Date Assigned: | 02/09/2015 | Date of Injury: | 01/01/2011 |
| Decision Date: | 04/02/2015 | UR Denial Date: | 12/30/2014 |
| Priority: | Standard | Application Received: | 02/02/2015 |

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, 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 is a 50-year-old female who reported an injury on 01/01/2011. The mechanism of injury was not provided. Her diagnosis includes carpal tunnel syndrome. Past treatment was noted to include a home exercise program and medications. Diagnostic studies were not included in the report. On 12/15/2014, it was noted the injured worker had muscle spasm and pain. The note was handwritten and of poor quality making it difficult to read. Medications were noted to include Ultram, Fexmid, and Restoril. The treatment plan was noted to include medications, surgical consult, and electrodiagnostic study. A request was received for bilateral carpal tunnel release with possible flexor tenosynovectomy and median neurolysis without a rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral carpal tunnel release with possible flexor tenosynovectomy and median neurolysis: 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, Carpal Tunnel Syndrome and Forearm, Wrist and Hand, deQuervain's Tenosynovitis Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Carpal tunnel release surgery (CTR).

Decision rationale: According to the California MTUS/ACOEM Guidelines, surgical consideration is indicated for those who have red flags, failure to respond to conservative treatment, and clear clinical and special study evidence of a lesion. More specifically, the Official Disability Guidelines indicate that criteria for carpal tunnel release is documentation noting abnormal Katz, nocturnal symptoms, and/or flick sign; physical examination findings noting positive compression test, Semmes-Weinstein monofilament test, Phalen's sign, Tinel's sign, decreased 2 point discrimination, and/or mild thenar weakness; previous conservative care noting activity modification, night wrist splint, nonprescription analgesia, home exercise training, and/or successful initial trial from corticosteroid; positive electrodiagnostic testing. The clinical documentation submitted for review did not indicate an adequate course of initially recommended conservative treatment; abnormal Katz, nocturnal symptoms, flick sign, or positive physical examination testing. There is also no electrodiagnostic study submitted for review. Consequently, the request is not supported by the evidence based guidelines. As such, the request for bilateral carpal tunnel release with possible flexor tenosynovectomy and median neurolysis is not medically necessary.

Pre op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guideline.gov.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.