

Case Number:	CM15-0130758		
Date Assigned:	07/20/2015	Date of Injury:	05/11/2008
Decision Date:	08/18/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/07/2015

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 47 year old male, who sustained an industrial injury on May 11, 2008. Treatment to date has included physical therapy, EMG-NCV of the bilateral upper extremities, right carpal tunnel release, TENS and orthotics. Currently, the injured worker complains of pain of the left wrist-hand and paresthesias. He rates his discomfort a 7 on a 10-point scale and notes that sleeping worsens the symptoms. He uses a brace for support. On physical examination the injured worker exhibits diminished pinch strength in his left hand. He has normal bilateral range of motion of his thumb and digits and his neurovascular status is intact with no gross weakness or numbness of the fingers noted. He has no tenderness to palpation over the left wrist and no evidence of wrist instability. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral upper extremities. He has positive Phalen's, Tinel's and Durkan's testing in the left hand. The diagnoses associated with the request include left carpal tunnel syndrome. The treatment plan includes carpal tunnel release of the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 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. Conservative treatment including splinting and analgesics. Per the ACOEM guidelines, carpal tunnel release is medically necessary.