

Case Number:	CM15-0131562		
Date Assigned:	07/22/2015	Date of Injury:	12/23/2010
Decision Date:	08/25/2015	UR Denial Date:	06/10/2015
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:

This 61 year old female sustained an industrial injury to the left hand and wrist on 12/23/10. Previous treatment included thumb spica brace, icing and medications. In a progress noted dated 5/26/15, the injured worker complained of ongoing left hand and wrist pain despite wearing the spica brace. Associated symptoms included weakness, warmth, swelling, catching and locking. The injured worker reported difficulty with day to day activities such as driving and opening jars. The physician noted that electromyography/nerve conduction velocity test (undated) showed left carpal tunnel syndrome. Physical exam was remarkable for left hand with tenderness to palpation to the flexor carpi radialis with normal range of motion, 5/5 strength, decreased sensation at the radial forearm, thumb and index finger and median nerve distribution and positive Phalen's test. Current diagnoses included left carpal tunnel syndrome and left hand tenosynovitis. The treatment plan included requesting authorization for left hand steroid injection and left carpal tunnel release surgery and a course of oral steroids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery for the left wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270, 264.

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 electro diagnostically 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 electro diagnostic studies for median nerve compression. Per the ACOEM guidelines, carpal tunnel release is medically necessary. Steroid injection is also medically necessary. ACOEM page 264 supports use of corticosteroids of treatment of inflammatory conditions. The patient has tendonitis and will benefit from steroid injection and oral steroids.