

Case Number:	CM15-0132078		
Date Assigned:	07/20/2015	Date of Injury:	08/03/1998
Decision Date:	08/19/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/08/2015

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 42 year old female sustained an industrial injury to the neck, elbows and wrists on 8/3/98. Previous treatment included physical therapy, bracing, injections and medications. In a PR-2 dated 6/5/15, the injured worker reported that her right hand continued to go numb and had weakness despite all the treatment she had received over the past two years. The injured worker wished to proceed with surgery. Physical exam was remarkable for right wrist with decreased sensation in the median nerve distribution with positive Durkan's testing on the right wrist. The physician noted that magnetic resonance imaging right wrist (5/27/15) showed persistent median nerve neuritis and tenosynovitis within the carpal canal. The injured worker had had repeated testing with nerve studies that showed mild carpal tunnel syndrome (6/2014) and normal (4/13/15) despite ongoing clinical findings. Alternate testing to assess the median nerve included ultrasound (2/21/14) that showed an enlarged median nerve proximal to and in the carpal canal. Current diagnoses included chronic, ongoing right carpal tunnel syndrome, cervical spine sprain/strain and right elbow lateral epicondylitis. The physician recommended outpatient right carpal tunnel release with followed by hand therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Wrist Carpal Tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

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

Decision rationale: The carpal tunnel release is not 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 but negative nerve conduction studies. Several recent studies indicates that nerve conduction studies are more reliable than ultrasound for the diagnosis of mild carpal tunnel syndrome. Per the ACOEM guidelines, carpal tunnel release is not medically necessary.

Associated surgical service: 6 post operative sessions of occupational therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.