

Case Number:	CM15-0134218		
Date Assigned:	07/22/2015	Date of Injury:	03/29/2011
Decision Date:	08/20/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/10/2015

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: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic 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 35 year old female who sustained an industrial injury on 03/29/2011. The injured worker was diagnosed with right carpal tunnel syndrome. Treatment to date has included diagnostic testing, cushion wrist brace, glove wrist brace, night wrist splint and medications. No other therapies were documented. According to the primary treating physician's progress report on June 23, 2015, the injured worker continues to experience right wrist pain with periodic paresthesia of the index, middle and ring fingers of the right hand with decreased grip strength, dropping objects and swelling. Examination of the right wrist demonstrated no tenderness to palpation and no atrophy. Motor strength, sensation in all dermatomes and deep tendon reflexes of the upper extremities were intact. Current medications are listed as Amitriptyline, Prednisone Dosepak and Voltaren gel. Treatment plan consists of continuing with medications, wrist brace, full work duties, Nerve Conduction Velocity (NCV) studies on July 2, 2015 and the current request for carpal tunnel release of the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal Tunnel Release of the Right Hand, Qty 1: 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 and 272.

Decision rationale: The patient is a 35 year old with signs and symptoms of a possible right carpal tunnel syndrome (although Phalen's and Tinel's signs are previously documented to be negative). Conservative management has included medical management, bracing and activity modification. Electrodiagnostic studies are consistent with a right carpal tunnel syndrome. There is no evidence that the patient has a severe condition. As recommended from page 272, Table 11-7, Chapter 11, ACOEM, a steroid injection should be considered to help facilitate the diagnosis after failure of medical management and bracing. Given the previous negative Tinel's and Phalen's signs, this could help to confirm the diagnosis. Therefore, right carpal tunnel release is not medically necessary. From page 270, ACOEM, Chapter 11, "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. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare." Further from page 272, Table 11-7, injection of corticosteroids into to the carpal tunnel is recommended in mild to moderate cases of carpal tunnel syndrome after trial of splinting and medication.