

Case Number:	CM15-0135336		
Date Assigned:	07/23/2015	Date of Injury:	02/29/2012
Decision Date:	08/25/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/13/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic 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 39 year old male, who sustained an industrial injury on February 29, 2012. Treatment to date has included pain medications, EMG-NCV of the bilateral upper extremities, epidural steroid injection, and work modifications. Currently, the injured worker complains of pain in the dorsal radial wrist and notes numbness in the right thumb, index and long fingers at rest. He reports that he wakes up every evening due to numbness and tingling and pain. On physical examination the injured worker exhibits atrophy of the right proximal right thenar eminence. Carpal tunnel compression and Tinel's at the right wrist do not elicit radiations. Pronator compression of the right wrist causes no radiation. He has no numbness and tingling on the left hand and wrist and carpal tunnel compression test produces pain with radiation of tingling sensation. He has tenderness to palpation of the left radial wrist and slightly positive Finkelstein's test with radiation of pain along the first extensor compartment. The diagnoses associated with the request include severe right carpal tunnel syndrome with atrophy, left de Quervain's and mild left carpal tunnel syndrome. The treatment plan includes open right carpal tunnel release, steroid injections to the left first extensor compartment and left fourth extensor compartment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right open carpal tunnel release: Upheld

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: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. Per ODG: The Official Disability Guidelines were also referenced for more specific recommendations. According to the Official Disability Guidelines regarding surgery for carpal tunnel syndrome, "Recommended after an accurate diagnosis of moderate or severe CTS. Surgery is not generally initially indicated for mild CTS unless symptoms persist after conservative treatment. Severe CTS requires all of the following: Muscle atrophy, severe weakness of thenar muscles, 2-point discrimination test greater than 6 mm and positive electrodiagnostic testing. Not severe CTS requires all the following: Symptoms of pain, numbness, paresthesia, impaired dexterity requiring two of the following: Abnormal Katz hand diagram scores, nocturnal symptoms, Flick sign (shaking hand); findings by physical exam, requiring two of the following including compression test, Semmes-Weinstein monofilament test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, mild thenar weakness, (thumb adduction); comorbidities of no current pregnancy; initial conservative treatment requiring three of the following: Activity modification greater than or equal to one month, night wrist splint greater than or equal to one month, nonprescription analgesia (i.e. acetaminophen), home exercise training (provided by physician, healthcare provider or therapist) or successful initial outcome from corticosteroid injection trial (optional) and positive electrodiagnostic testing." In this case, in the note on 6/17/2015 there reference to electrodiagnostic testing performed on 5/12/14 but there is no official report included in the records. In addition, there is no documentation in the note on 6/17/15 that a corticosteroid injection into the carpal tunnel was performed. Therefore the request for right open carpal tunnel release is not medically necessary.