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| Case Number: | CM15-0139232 | | |
| Date Assigned: | 07/29/2015 | Date of Injury: | 06/04/2014 |
| Decision Date: | 09/01/2015 | UR Denial Date: | 06/17/2015 |
| Priority: | Standard | Application Received: | 07/17/2015 |

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: California

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

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 30 year old male, who sustained an industrial injury on 06-04-2014. On provider visit dated 06-02-2015 the injured worker has reported bilateral wrist pain and numbness. On examination of the revealed a positive Tinel's sign bilaterally with pain shooting into her hand and up into her forearms. The diagnoses have included carpal tunnel syndrome, pain in elbow and insomnia. The injured worker was noted to have undergone a left carpal tunnel release. Treatment to date has included medication and surgical intervention. The provider requested right carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hand Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-270.

Decision rationale: This request for right carpal tunnel release in a patient who underwent failed left carpal tunnel release. Records indicate electrodiagnostic testing was suggestive of bilateral median neuropathy at the wrist/carpal tunnel syndrome, but the results of the testing were not provided for review. Reported symptoms are widespread including the neck and throughout both upper extremities and only a minority correlate with carpal tunnel syndrome. Records indicate bracing which typically diminishes carpal tunnel symptoms caused worsening of symptoms. There is no mention of response to carpal tunnel injection, which is helpful in equivocal cases such as this as studies have shown correlation between temporary relief following carpal tunnel injection and improvement in symptoms following surgery. That is, if carpal tunnel injection is not helpful, surgery is rarely beneficial. The injured worker reports symptoms on the opposite side were not improved by surgery; symptoms are worse since surgery with more constant paresthesias in the index finger and new onset paresthesias in the small and ring fingers. In a case such as this with widespread symptoms only a minority of which could be attributed to carpal tunnel syndrome, response to carpal tunnel treatment such as nocturnal splinting and carpal tunnel corticosteroid injection is critical to determining what portion if any of the individual symptoms might be improved by carpal tunnel decompression surgery. There is no documentation of such non-surgical treatment, with the exception of bracing which was noted to cause worsening of symptoms. Based on the information provided, it is medically improbable right carpal tunnel release surgery would bring about substantial functional improvement, such as return to work; it is probable such surgery would fail as it did on the left. The request is not medically necessary.