

Case Number:	CM15-0148691		
Date Assigned:	08/11/2015	Date of Injury:	03/08/2011
Decision Date:	09/09/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/31/2015

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:

This injured worker is a 33-year-old female who reported an industrial injury on 3-8-2011. Her diagnoses, and or impression, were noted to include: carpal tunnel syndrome; and pain and tingling status-post carpal tunnel release. No current imaging studies were noted. Her treatments were noted to include surgery; medication management; and rest from work. The progress notes of 6-19-2015 reported shoulder and wrist pain. Objective findings were noted to include weakness and restricted range-of-motion. The physician's requests for treatments were noted to include a surgical consultation with a specific doctor for carpal tunnel release. Documentation from 3/16/15 notes a previous right carpal tunnel syndrome approximately 4 months ago. The patient had improvement in her symptoms with a resolution in her numbness but noted a return of numbness in the middle and ring fingers. Sensation was noted to be diminished in the middle and ring fingers and without signs of thenar atrophy. Repeat electrodiagnostic studies (EDS) were requested. Documentation from 5/22/15 noted a positive Tinel's signs with decreased grip strength. EDS studies from 5/20/15 noted a right carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal Tunnel Release, right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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 33-year-old female who had undergone a previous right carpal tunnel syndrome with initial resolution of her symptoms. However, she is noted to have had a return of numbness in the median nerve distribution without evidence of thenar atrophy (signs of a red flag condition). EDS are supportive of a right carpal tunnel syndrome. However, there has not been evidence of conservative management to include a possible steroid injection to help facilitate the diagnosis, as recommended by ACOEM guidelines (especially given the relatively recent surgical release). Therefore, repeat right carpal tunnel release should not be considered 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 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. 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.