

Case Number:	CM15-0161168		
Date Assigned:	08/28/2015	Date of Injury:	03/19/2014
Decision Date:	10/02/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/18/2015

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 47 year old female who sustained an industrial injury on 03-19-2014. Mechanism of injury was not found in documentation presented for review. Diagnoses include right upper extremity myofascial discomfort but radial tunnel syndrome by physical examination and response to a radial nerve block and cortisone injection, and mild right carpal tunnel syndrome. Treatment to date has included diagnostic studies, medications, physical therapy, and acupuncture. On 06-09-2015 and Electromyography and Nerve Conduction Velocity revealed right wrist is consistent with borderline motor and sensory demyelinating median mononeuropathy, borderline consistent with carpal tunnel syndrome. Normal ulnar and radial nerve conduction studies and normal Electromyography studies in the upper extremities are absent finding of other mononeuropathy, cubital tunnel syndrome, polyneuropathy or cervical radiculopathy. A physician progress note dated 07-15-2015 documents the injured worker complains of right upper extremity discomfort. The injured worker has an injection in her radial tunnel with her last visit. She had two days of complete relief in her right upper extremity. She has had gradual return of pain with lifting and intermittent numbness and tingling through predominantly the radial aspect of her hand. On examination, she has full range of motion. There are multiple areas of mild tenderness. She has discrete tenderness, through the area of the radial tunnel and increased discomfort with supination of the writ against resistance. Carpal compression testing is positive for numbness in the radial three digits and there is a positive flick sign. Tinel's is somewhat equivocal. The treatment plan includes right radial tunnel release Qty: 1 and associated surgical services: post-op occupational therapy Qty: 8. Treatment requested is for right carpal tunnel release Qty: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release 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): 260-270.

Decision rationale: This was a request for right carpal tunnel release to be performed at the time of right radial nerve decompression surgery. Initial evaluation by the surgical consultant on April 8, 2015 noted elbow, wrist, hand, shoulder and neck pain with headaches. It was noted that, "carpal compression testing is negative." The impression was right lateral epicondylitis with development of myofascial pain syndrome versus a cervical radiculopathy or postural thoracic outlet syndrome. Electrodiagnostic testing was recommended and performed on June 9, 2015 and it was noted that the distal median motor onset latency and sensory peak latency were normal at 4.2 and 3.7 ms respectively, but at the upper end of normal and results were felt to be consistent with "borderline" carpal tunnel syndrome. When evaluated by the consultant surgeon on June 10, 2015, he noted, "she appears to have more radial nerve-type symptoms and signs" and the injured worker elected to proceed with radial tunnel injection. On July 15, 2015 the treating surgeon noted 2 days of complete pain relief after the radial tunnel injection and recommended radial nerve decompression surgery with concurrent carpal tunnel release. Records provided indicate the radial nerve decompression surgery was performed on August 27, 2015. In this case, the majority of the patient's symptoms are not consistent with carpal tunnel syndrome. Electrodiagnostic testing was not consistent with substantial median neuropathy and the excellent temporary improvement following radial nerve injection would suggest that was the primary source of symptoms. Therefore, the radial tunnel decompression surgery was appropriate, but median nerve/carpal tunnel decompression is unlikely to be beneficial and is not medically necessary.