

Case Number:	CM15-0167298		
Date Assigned:	09/08/2015	Date of Injury:	06/16/2011
Decision Date:	10/13/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/25/2015

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 57 year old female sustained an industrial injury to the left thumb on 6-16-11. Magnetic resonance imaging left hand (4-13-15) showed minimal edema at the base of the thumb with marginal erosion of the 1st metacarpal head and a small associated joint effusion of the thumb. Previous treatment included left carpal tunnel release, carpometacarpal joint injection, splinting and medications. In a PR-2 dated 4-1-15, the physician noted that the injured worker got brief relief of symptoms from recent carpometacarpal joint injection. In a PR-2 dated 8-6-15, the injured worker complained of wrist pain, tenderness of the left palm and intermittent numbness of the left fingers. Physical exam was remarkable for focal tenderness to palpation of the operative site at the left palm on either side of her scar with positive Tinel's test and decreased grip strength. Current diagnoses included open release of left carpal tunnel, left trigger thumb and adjacent tissue transfer of hand. The physician noted that surgery could improve her numbness by interposing a fat flap in the carpal tunnel. The physician stated that he was unable to predict how well it would improve her pain but hoped that improving her nerve function would help all of her wrist symptoms. The treatment plan consisted of left open release carpal tunnel with adjacent tissue transfer of hand. Documentation from 4/1/15 noted that the patient had a positive response to a previous steroid injection, although temporary. Previous EDS had shown improvement yet residual abnormality as compared to a pre-op study. Symptoms included numbness of all the fingers. Examination noted abnormal 2-point discrimination in both the median and ulnar nerve distributions. Provocative tests for median nerve involvement produced

pain. Recommendation was made for an MRI and a second opinion prior to consideration for surgical intervention

IMR ISSUES, DECISIONS AND RATIONALES

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

Left open release carpal tunnel, adjacent tissue transfer of hand, defect size 5 sq cm or less, outpatient surgery: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations, Summary.

Decision rationale: The patient is a 57 year old female with a history of previous left carpal tunnel release, with signs and symptoms of a possible recurrent or inadequately treated left carpal tunnel syndrome. She was documented to have numbness in the median nerve distribution with a positive Tinel's. Conservative management has included splinting, medical management and previous steroid injection. However, it is unclear whether this steroid injection was performed preoperatively or postoperatively with respect to the previous carpal tunnel release. The date of the previous carpal tunnel release was not documented. There was not documentation of thenar atrophy to suggest a severe condition. In addition, the requesting surgeon had noted that electrodiagnostic studies had been performed that showed an improvement, as compared to her preoperative setting. However, the study findings were not provided. Further, the requesting surgeon had remarked that a second opinion was necessary prior to any surgical intervention or recommendation. The status of this was not provided. Finally, the requesting surgeon notes that he is unsure if the patient would benefit from the surgery with respect to her pain, which appears to be the main component of her functional issues. Therefore, left 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 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. Based on the entirety of the medical documentation, there is insufficient specificity within the documentation to warrant left carpal tunnel release. In addition, the status of the second opinion was not clarified as well.