

Case Number:	CM15-0181541		
Date Assigned:	09/22/2015	Date of Injury:	04/01/2013
Decision Date:	10/27/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/15/2015

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 47 year old woman sustained an industrial injury on 4-1-2013. Evaluations include neurodiagnostic studies showing mild to moderate right carpal tunnel syndrome performed 6-2015. Diagnoses include left shoulder rotator cuff tendinitis and biceps tendinitis status post surgery, left medial epicondylitis, and bilateral carpal tunnel syndrome. Treatment has included oral medications, surgical intervention, bracing, and left elbow injection. Physician notes dated 8-11-2015 show complaints of left neck, trapezial, medial elbow, and bilateral palm pain with paresthesias in the thumb, index, and middle fingers. The physical examination shows shoulders with 175 degrees of forward elevation, 85 degrees of external rotation, and intact rotator strength, full range of motion of the left elbow, and some mild tenderness of the flexor origin. Recommendations include surgical intervention. Utilization Review denied a request for left carpal tunnel release and pre-operative EKG citing there is no clear evidence of significant impairment that would require surgical intervention. Previous documentation noted a recommendation for a steroid injection into the carpal canal for carpal tunnel syndrome. There does not appear to be documentation that this was performed following this recommendation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left carpal tunnel release: 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.

Decision rationale: The patient is a 47 year old female with signs and symptoms of possible left carpal tunnel syndrome. Conservative management has included splinting, medical management and activity modification. Electrodiagnostic studies dated 6/2/15 were supportive of a mild left carpal tunnel syndrome and a moderate right carpal tunnel syndrome, which were improved from a previous study. Previously, there had been recommendation for a steroid injection into the carpal canal, but does not appear to have been given following this recommendation from page 272, ACOEM, 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. As this has not been documented (or justification for not doing so), left carpal tunnel release should not be considered medically necessary. In addition, the requesting surgeon noted that he was not sure how much her carpal tunnel symptoms bother her. Given this uncertainty, a steroid injection could also help to see if there is temporary improvement, which could help to support surgical intervention.

Pre-operative EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.