

Case Number:	CM15-0181762		
Date Assigned:	09/23/2015	Date of Injury:	04/01/2014
Decision Date:	11/02/2015	UR Denial Date:	08/28/2015
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: 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(n) 32 year old female, who sustained an industrial injury on 4-1-14. The injured worker was diagnosed as having bilateral wrist carpal tunnel syndrome and cervical radiculopathy. The physical exam (4-13-15 through 7-20-15) revealed 7-8 out of 10 pain in the right wrist, a positive Phalen's test in the right wrist and normal right wrist range of motion. The injured worker reported she last worked in 5-15-14 because there was no modified duty available. Treatment to date has included an EMG-NCS of the bilateral upper extremities on 1-12-15 showing right carpal tunnel syndrome, Ultracet, Gabapentin and Tramadol. As of the PR2 dated 8-4-15, the injured worker reports bilateral shoulder, bilateral elbow and bilateral wrist pain. She rates her pain 8 out of 10 in her wrists. Objective findings include a positive Phalen's test in the right wrist and normal right wrist range of motion. The treating physician noted that the injured worker has not tried physical therapy, chiropractic treatments, acupuncture, TENS, injections or surgery to the bilateral shoulders, elbows or wrists. The treating physician requested a right carpal tunnel release. The Utilization Review dated 8-28-15, non-certified the request for a 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: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter.

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

Decision rationale: This is a request for right carpal tunnel release surgery. The patient reports constant severe pain in the neck, upper back and throughout both upper extremities which is inconsistent with a diagnosis of right carpal tunnel syndrome. Multiple pain diagrams completed by the patient including ones dated March 16, 2015 and April 13, 2015 are not consistent with a diagnosis of right carpal tunnel syndrome. Non-surgical treatment is always appropriate before considering surgery. Particularly in a case such as this where the majority of symptoms are not due to carpal tunnel syndrome and would not be affected by carpal tunnel surgery, carpal tunnel injection is recommended to determine what portion if any of the symptoms are arising in the carpal tunnel; no carpal tunnel injection has been performed. If there were good improvement following carpal tunnel injection, but that proved to be temporary, carpal tunnel surgery would be reasonable to consider. If they were not good improvement following carpal tunnel injection, carpal tunnel release surgery is not recommended. At this time with most of the patient's symptoms being inconsistent with carpal tunnel syndrome, no documentation of results of treatment for carpal tunnel symptoms such as night splinting of the wrist and no carpal tunnel injection, there is no reasonable expectation of functional improvement with carpal tunnel release surgery and the surgery is not recommended and therefore is not medically necessary.