

Case Number:	CM15-0181785		
Date Assigned:	09/23/2015	Date of Injury:	04/09/2013
Decision Date:	11/03/2015	UR Denial Date:	09/03/2015
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:

The injured worker is a 57 year old female, who sustained an industrial injury on April 09, 2013. The injured worker was diagnosed as having right shoulder impingement syndrome, "severe" possible rotator cuff tendon tear, residual right lateral epicondylitis, and residual right carpal tunnel syndrome. Treatment and diagnostic studies to date has included electromyogram, laboratory studies, medication regimen, x-rays, and physical therapy. In a progress note dated July 31, 2015 the treating physician reports complaints of sharp pain to the right wrist and hand with numbness to the right hand and "mostly" into the thumb, along with swelling to the right lateral elbow. Examination performed on July 31, 2015 was revealing for tenderness to the right lateral epicondyle, pain with range of motion to the wrist, positive Tinel's testing to the right wrist, and decreased sensation to the right thumb, index, and middle finger. The progress note from July 31, 2015 did not indicate the injured worker's numeric pain level as rated on a visual analog scale. In an evaluation performed on March 18, 2015 the consulting orthopaedic surgeon reported an examination that was revealing for tenderness to the median nerve at the scar region, diminished sensation at one, two, and three digits, positive Phalen's testing, positive carpal compression testing, and tenderness to the lateral epicondyle region. On March 18, 2015 the injured worker's pain level was rated an 8 out of 10 to the right neck, right upper back, right shoulder, right elbow, right forearm, right wrist, right hand, right thumb, and right hand finger. On March 18, 2015 the orthopaedic surgeon noted an x-ray that was revealing for ulnar styloid non-union. The medical records provided also included an electromyogram to the right upper extremity performed on March 04, 2015 that was revealing for "mild right wrist median sensory

neuropathy at the carpal tunnel region" and notes that the electromyogram study results "do not exclude the possibility of right cervical sensory radiculitis". On March 18, 2015 the consulting orthopaedic surgeon recommended an open carpal tunnel release with neurolysis, excision of all cicatrixes, and the use of a collagen tube to prevent recurring adhesions. On July 31, 2015 the treating physician requested a right wrist revision of carpal tunnel release as recommended by the consulting physician. On September 03, 2015 the Utilization Review determined the request for right wrist revision carpal tunnel release to be non-approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist revision carpal tunnel release: Upheld

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

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 signs and symptoms of a possible recurrent right carpal tunnel syndrome. Electrodiagnostic studies support that a mild condition is present. Conservative management has included medical management and activity modification. A recent trial of splinting and a consideration for a steroid injection to facilitate the diagnosis has not been documented. 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 postsurgery 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. Therefore, without documentation of recommended conservative management and without documentation for consideration of a steroid injection, right carpal tunnel release is not medically necessary.