

Case Number:	CM15-0183498		
Date Assigned:	09/24/2015	Date of Injury:	06/29/2014
Decision Date:	10/30/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/17/2015

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 41 year old female, who sustained an industrial injury on 06-29-2014. She has reported subsequent bilateral wrist and foot pain and was diagnosed with bilateral carpal tunnel syndrome electromyography, nerve conduction test positive, right much worse than left, status post right carpal tunnel release on 03-17-2015 with symptoms relief but considerable residua, worsening left carpal tunnel syndrome and bilateral repetitive stress and strain injury symptoms, right worse than left, namely distal flexor forearm tendonitis. Treatment to date has included pain medication, bracing and physical therapy, which were noted to have failed to significantly relieve the left wrist pain. In a progress note dated 08-12-2015, the injured worker reported continued weakness on the right side and indicated that the left side seemed to be getting worse with more numbness and tingling. Objective examination findings showed some swelling on the right distal flexor forearm and proximal palm, full volar flexion, only 60 degrees of dorsiflexion, grip strength of 1 on the right and 2 on the left, altered sensation on the left side at rest, in the thumb, index and long finger with positive Tinel's sign. Work status was documented as off work since modified duties had been unavailable. The physician indicated that the injured worker's symptoms had persisted despite "all manner of conservative care" and recommended left carpal tunnel surgery. A request for authorization of left carpal tunnel release was submitted. As per the 08-24-2015 utilization review, the request for left carpal tunnel release was non-certified. Documentation on appeal notes that the patient has failed splinting, physical therapy, and NSAIDs. This is supported by the medical documentation as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel release: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: 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. The UR stated that the patient had satisfied ODG guidelines except for conservative management. The patient did not have documentation of at least 2 additional conservative treatment measures attempted (wrist splint \geq 1 month, nonprescription analgesia, physical therapy referral for home exercise training, and/or successful initial outcome from corticosteroid injection trial (optional)). Based on the documentation provided for this review, including the documentation on appeal, these concerns have been satisfied sufficiently. The patient is a 41 year old female with signs and symptoms of left carpal tunnel syndrome that has failed conservative management and is supported by electrodiagnostic studies. She has numbness in the median nerve distribution and a positive Tinel's sign. She has failed conservative management of splinting, medical management, physical therapy, and activity modification. As documented in the UR, a steroid injection is optional. Based on the overall clinical documentation, the patient has left carpal tunnel syndrome that has failed extensive conservative management and is supported by electrodiagnostic studies. Therefore, left carpal tunnel release should be considered medically necessary.