

Case Number:	CM15-0185806		
Date Assigned:	09/28/2015	Date of Injury:	02/12/2014
Decision Date:	11/10/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/21/2015

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 48 year old male who sustained an industrial injury on 02-12-2014. On 11-24-2014, nerve conduction velocity studies of the upper limb were compatible with a minimal right carpal tunnel syndrome and a moderate left carpal tunnel syndrome. According to a progress report dated 08-24-2015, the injured worker reported severe and worsening bilateral carpal tunnel syndrome. The provider noted that despite the multiple previous cortisone injections, anti-inflammatory medications, therapy, protective brace and limited use of hands, he was experiencing severe carpal tunnel syndrome. He reported near complete numbness over the bilateral hands median nerve distribution with significant burning pain and frequent night awakening. There was obvious swelling over the bilateral volar distal forearm, indicative of flexor tenosynovial proliferation. He reported that both hands were becoming significantly weaker with loss of dexterity. He was dropping objects out of the right hand. He did have some thenar atrophy seen, especially over the abductor pollicis brevis on both hands. Tinel and Phalen maneuver elicited severe pain on both sides, radiating up along the volar forearm and bilateral arm area, none over Guyon's canal. Treatment options were discussed and the injured worker chose surgical intervention. The treatment plan included left open carpal tunnel release and flexor tenosynovectomy, followed by the right hand after four to six weeks. An authorization request dated 09-01-2015 was submitted for review. The requested services included bilateral carpal tunnel median nerve block and synovectomy. On 09-17-2015, Utilization Review non-certified the request for associated surgical services: median nerve block and synovectomy and authorized the request for bilateral carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: Median nerve block: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th edition, Chapter 30, Compressive Neuropathies.

Decision rationale: This is a request for a median nerve block in a patient in whom open carpal tunnel release is planned. There is no mention of median nerve block in the records from the treating surgeon. Median nerve block is not a routine or necessary component of carpal tunnel release surgery; the details of surgical treatment are beyond the scope of the California MTUS but discussed in the specialty text referenced. With no need for the nerve block identified in the records provided and no justification provided by the treating surgeon, the request is not medically necessary.

Associated Surgical Services: Synovectomy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th edChapter 30, Compressive Neuropathies.

Decision rationale: This is a request for synovectomy to be performed concurrently in a patient in whom open carpal tunnel release is planned. Studies have shown that synovectomy provides no benefit in the treatment of carpal tunnel syndrome and therefore synovectomy is not recommended in any evidence based guidelines. The specialty text referenced above notes, "synovectomy is not indicated during primary carpal tunnel decompression (page 990)." Therefore, the request is not medically necessary.