

Case Number:	CM15-0196273		
Date Assigned:	10/09/2015	Date of Injury:	10/08/2014
Decision Date:	11/18/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/06/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic 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 45 year old female, who sustained an industrial injury on 10-08-2014. She has reported subsequent bilateral wrist and hand pain and was diagnosed with bilateral carpal tunnel syndrome and right volar carpal ganglion cyst, status post right carpal tunnel release. Treatment to date has included pain medication and surgery. The injured worker underwent right carpal tunnel release and excision of right volar wrist ganglion on 05-20-2015. Right carpal tunnel release was noted to have helped significantly with right hand symptoms. In a progress note dated 07-29-2015, the injured worker noted that she wished to undergo carpometacarpal joint injection that day and that she wanted to pursue treatment for the left carpal tunnel as the right carpal tunnel release was noted to have been very helpful at relieving symptoms in the right hand. There were no subjective findings of the left hand or wrist documented. Objective findings of the bilateral upper extremities were notable for protuberance just proximal to the wrist on the radial side with 2 cm volar ganglion cyst that was very tender, tenderness over the carpal canal, diminished sensation in all fingertips and pain at the basilar thumb joint with positive CMC grind test. The left hand and wrist demonstrated normal bulk and contour, the injured worker was neurovascularly diminished in the median nerve distribution and median nerve compression test was positive. In a progress note dated 09-23-2015, the injured worker reported some continued right hand pain. The physician noted that the injured worker was off all pain medication and felt that acupuncture helped a lot. The injured worker reported "being interested in doing her left hand." Objective examination findings of the right hand were documented and no abnormal findings were noted but no objective findings of the

left hand or wrist were documented. Work status was documented as off work. A request for authorization of left endoscopic carpal tunnel release was submitted. As per the 10-02-2015 utilization review, the request for left endoscopic carpal tunnel release was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left endoscopic carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines Carpal Tunnel Syndrome.

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case, there is lack of evidence in the records from 9/23/15 of electrodiagnostic evidence of carpal tunnel syndrome. In addition, there is lack of evidence of failed bracing or injections in the records. Therefore, the request is not medically necessary and the determination is for non-certification.