

Case Number:	CM15-0198437		
Date Assigned:	10/13/2015	Date of Injury:	05/05/2014
Decision Date:	11/20/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/08/2015

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 50 year old female, who sustained an industrial injury on 5-5-2014. Diagnoses include right hand carpal tunnel release, rule out recurrent tendinitis, carpal tunnel syndrome, status post injection x 1, prior to carpal tunnel release; right wrist strain-sprain, right elbow strain-sprain with lateral epicondylitis, and right shoulder strain-sprain, status post right wrist carpal tunnel surgery on 5-20-14. Treatments to date include activity modification, bilateral wrist splints, physical therapy, and therapeutic injections. The records indicated a history of initial right wrist complaints and developing left wrist symptoms secondary to overcompensation. On 7-2-15, the Agreed Medical Reexamination documented increased pain in the left wrist with authorization for a left carpal tunnel release procedure having been obtained. The physical examination documented "weakly positive" Tinel's, Carpal tunnel compression and phalen's tests on the right side, and "positive" tests on the left side. The plan of care included proceeding with left carpal tunnel release surgery. On 8-19-15, she complained of ongoing pain in the right hand associated with numbness, tingling, swelling, and burning sensation. The records documented a neurophysiologic evaluation completed 6-17-15, revealed "minor residual of successful right carpal tunnel release." The right wrist MRI dated 3-27-14, revealed changes consistent with prior surgery for carpal tunnel, otherwise "unremarkable." The physical examination documented a positive Cubital tunnel Tinel's test and tenderness of the epicondyle with decreased muscle strength. The right wrist demonstrated tenderness, with positive Tinel's test and positive Phalen's test. There was a healed carpal tunnel release incision. There was tenderness noted with abnormal motor power and sensation of the right hand. The

provider documented "At this time the procedure of right carpal tunnel release surgery has been authorized." And "We will schedule the patient accordingly." The appeal requested authorization for right carpal tunnel release and associated services. The Utilization Review dated 9-24-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release surgery: Upheld

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

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

Decision rationale: The patient is a 50 year old female who had previously undergone right carpal tunnel release on 5/20/14. She has signs and symptoms of a possible recurrent right carpal tunnel syndrome. She has undergone conservative management of splinting and medical management. Stated findings from electrodiagnostic studies report minor residual of successful right carpal tunnel release. The patient is not clearly documented to have undergone a steroid injection of the right carpal canal after her previous right carpal tunnel release (as well as any response to it). It appears that this may have been performed prior to the original right carpal tunnel release. A positive response to a steroid injection could help to facilitate the diagnosis given the minor findings on EDS and due to a previous surgical release. 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 post-surgery 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, right carpal tunnel release should not be considered medically necessary.

Associated surgical service: EKG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Internal medicine evaluation for surgical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.