

Case Number:	CM15-0206440		
Date Assigned:	10/23/2015	Date of Injury:	08/17/2009
Decision Date:	12/04/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/21/2015

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: 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:

This 57 year old man sustained an industrial injury on 8-17-2009. Diagnoses include pain in limb, muscle weakness, disturbance of skin sensation, carpal tunnel syndrome, cubital tunnel syndrome, and right wrist pain. Treatment has included oral medications, wrist bracing, and left wrist surgery. Physician notes dated 8-24-2015 show complaints of improving pain and numbness of the left wrist as well as numbness of the right hand involving all five digits and weakness. The physical examination shows positive Tinel's sign over the cubital tunnel of the right elbow, mild tenderness to palpation of the left volar wrist and "slightly decreased" range of motion, positive Phalen's and Tinel signs in the right wrist, and loss of sensation to the right digits. Recommendations include right endoscopic carpal tunnel release and follow up in six weeks. Utilization Review denied a request for right endoscopic carpal tunnel release on 10-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endoscopic right carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome, Indications for Surgery-Carpal Tunnel Release.

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 with signs and symptoms of a possible right carpal tunnel syndrome that has failed conservative management of splinting and medical management. The diagnosis of a mild condition is supported by electrodiagnostic studies. However, the patient has not undergone a steroid injection to help facilitate the diagnosis, given the mild findings on electrodiagnostic studies. 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, as there is no evidence of a severe condition, the patient has not satisfied the recommended guidelines for a consideration for a steroid injection to help facilitate the diagnosis. Therefore, it should not be considered medically necessary.