

Case Number:	CM15-0209249		
Date Assigned:	10/28/2015	Date of Injury:	10/09/2000
Decision Date:	12/09/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old female, who sustained an industrial-work injury on 10-9-00. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome. Treatment to date has included pain medication Tramadol and Soma as needed, diagnostics, orthopedic consult, and other modalities. EMG-NCV (electromyography and nerve conduction velocity) testing was performed on 4-16-15 that reveals bilateral carpal tunnel syndrome affecting sensory and motor components without denervation. Medical records dated 7-21-15 the orthopedic consult indicate that the injured worker complains of bilateral hand pain with numbness and tingling. She has pain in the left neck that radiates down the arms to the hands. There is weakness in both hands with swelling at times. She has difficulty dressing herself due to numbness in the hands and problems with sleeping. The physical exam reveals that there is positive Tinel sign over the carpal tunnel, positive Phalen test. There is frequent moderate tingling and numbness in the fingers of the bilateral hands with all activities. The physician indicates that nerve tests are consistent with bilateral carpal tunnel syndrome. The orthopedic physician also recommended that the injured worker undergo surgery to the bilateral carpal tunnels with bilateral carpal tunnel release. The medical record dated 9-30-15 reveals that the injured worker complains of pain in both arms and neck. The physical exam reveals decreased cervical range of motion, positive Phalen's and Tinel's tests at the wrists, and positive Adson's and hands up test. The physician indicates that he recommends that the injured worker undergo treatment for her carpal tunnel syndrome with the orthopedic physician that previously saw her. Per the treating physician report dated 9-30-15 the injured worker is on temporary total disability and is off duty and unable to work due to the pain. The request for authorization date was 10-1-15 and requested service included Re-evaluate and treat bilateral hands. The original Utilization review dated 10-6-15 non-certified the request for Re-evaluate and treat bilateral hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluate and treat bilateral hands: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic), Carpal tunnel release surgery (CTR).

Decision rationale: The claimant has a remote history of a cumulative trauma work injury with date of injury in October 2000 and is being treated for bilateral hand pain with numbness and tingling. Treatments include physical therapy, chiropractic care, acupuncture, pain management, and epidural steroid injections. She had cervical spine surgery in 2006 with good results. She developed cervical spine pain and bilateral numbness and tingling of the hands in 2011. Electrodiagnostic testing in April 2015 showed findings of carpal tunnel syndrome. She had symptoms of awakening several times at night due to pain and numbness in the hands. Sensory potentials were preserved and the distal motor latency to the abductor pollicis brevis was less than 6.5 milliseconds consistent with moderate carpal tunnel syndrome. In July 2015 diagnoses included bilateral carpal tunnel syndrome and endoscopic carpal tunnel release surgeries were recommended. When seen in September 2015 she was having severe numbness and tingling in the hands. Physical examination findings included decreased cervical spine range of motion. There was decreased left upper extremity strength. Tinel and Phalen testing was positive bilaterally. Authorization for follow-up and treatment of her carpal tunnel syndrome was requested. In this case, the claimant has moderate carpal tunnel syndrome but has not failed conservative treatments. She is not considered a candidate for surgery at this time. A follow-up for surgical treatment is not medically necessary.