

Case Number:	CM15-0210722		
Date Assigned:	10/29/2015	Date of Injury:	03/12/2010
Decision Date:	12/14/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/27/2015

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 male who sustained an industrial injury 03-12-10. A review of the medical records reveals the injured worker is undergoing treatment for right carpal tunnel syndrome, depression, delusional disorder, a personality disorder, and history of polysubstance abuse. Medical records (08-12-15) reveal the injured worker complains of pain in both shoulders radiating to his hands, numbness and tingling in his hands, pain and stiffness in the neck with associated headaches, pain in his mid and upper back, and difficulty sleeping due to pain. The physical exam (08-12-15) reveals Tinel's sign, Phalen's test, and wrist compression test are positive on the right. Prior treatment includes physical therapy, a wrist brace, a topical compound, psychotherapy, left carpal tunnel release, left shoulder surgery, cortisone injections to both shoulders, psychotropic medications, Norco, Flexeril, Ambien, ibuprofen, Ambien, and massage. The original utilization review (09-28-15) non-certified the request for a right carpal tunnel release with tenosynovectomy and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release with tenosynovectomy: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal tunnel syndrome - Carpal tunnel release surgery.

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

Decision rationale: The patient is a 50-year-old male with signs and symptoms of a possible right carpal tunnel syndrome. He has a positive Tinel's, Phalen's and carpal compression test. He has nighttime symptoms. Overall, a clearly documented recent conservative trial of splinting and activity modification directly in response to the right sided symptoms is not present in the medical records reviewed. Previous electrodiagnostic studies are stated to show evidence of a mild right carpal tunnel syndrome, but also a right sided C5, C6, C7 radiculopathy. In addition, documentation of a consideration for a possible steroid injection to facilitate the clinical diagnosis given the electrodiagnostic findings of a radiculopathy is not present. 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, based on the lack of a specific, recent conservative trial, including a consideration for a steroid injection, right carpal tunnel release should not be considered medically necessary.

16 capsules of Keflex 250mg: 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.

30 tablets of Hydrocodone 5/325mg: 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.