

Case Number:	CM15-0211278		
Date Assigned:	10/30/2015	Date of Injury:	11/25/2013
Decision Date:	12/22/2015	UR Denial Date:	10/08/2015
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: California

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

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 32 year old male, who sustained an industrial-work injury on 11-25-13. A review of the medical records indicates that the injured worker is undergoing treatment for carpal tunnel syndrome bilaterally. Treatment to date has included pain medication, left wrist surgery 8-5-15 with tenolysis, flexor tendons, flexor tenosynovectomy with carpal tunnel release, diagnostics and other modalities. EMG-NCV (electromyography and nerve conduction velocity) testing was performed on 11-18-14 of the bilateral upper extremities reveals evidence for bilateral median neuropathy at the wrist consistent with bilateral carpal syndrome. Median nerves conduction delay was noted at wrists consistent with distal median neuropathy. Both motor and sensory component of median nerves were involved. This finding suggests bilateral carpal tunnel syndrome of moderate intensity. The physician indicates that x-rays of both hands were normal. Medical records dated 4-28-15 indicate that the injured worker complains of bilateral hand numbness, left worse than the right. The physician indicates that he has positive electrical study and numbness and tingling in the thumb, index and long finger. He has positive Tinel sign and positive Phalen sign and slight left thenar atrophy. The grip strength seems normal by exam. There is a hand exam dated 4-28-15 that indicates that risk factors are long duration of symptoms, left thenar atrophy and diabetes mellitus. The physician indicates that the injured worker has had this problem going on for years now and sometimes it awakens him at night and he has to shake his hands. The treatment plan was for left carpal tunnel release and right carpal tunnel release 2 weeks later with local anesthesia. The requested service included Right Carpal Tunnel Release, Neurolysis of median nerve Distal Palmar Fasciotomy, and Flexor

Tenosynovectomy. The original Utilization review dated 10-8-15 non-certified the request for Right Carpal Tunnel Release, Neurolysis of median nerve Distal Palmar Fasciotomy, and Flexor Tenosynovectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release, Neurolysis of median nerve Distal Palmar Fasciotomy, Flexor Tenosynovectomy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed. Chapter 30, Compression Neuropathies.

Decision rationale: This is a request for multiple right hand surgeries including carpal tunnel release, neurolysis, palmar fasciotomy and flexor tenosynovectomy. Records provided indicate the patient is a 32-year-old man with evidence of carpal tunnel syndrome on November 18, 2014 electrodiagnostic testing. Surgery was performed on the opposite hand; the results of surgery are not reported. There is no mention of response of the right hand symptoms to routine non-surgical carpal tunnel treatment, such as night splinting of the wrist in a neutral position and carpal tunnel injection. As such, the requested carpal tunnel release does not meet California MTUS guidelines or any other evidence-based carpal tunnel treatment algorithm. The other requested surgeries are not mentioned in the California MTUS. Neurolysis has been shown to be unnecessary and ineffective in the treatment of carpal tunnel syndrome. There is no role for fasciotomy in the treatment of carpal tunnel syndrome, Flexor tenosynovectomy has been shown to be unnecessary in the primary treatment of carpal tunnel syndrome. The specialty text referenced notes on page 990 that, "neurolysis of the median nerve during primary carpal tunnel release is not indicated. Studies have also shown no benefit with epineurotomy. Similarly, synovectomy is not indicated during primary carpal tunnel decompression." Therefore, this combined request for carpal tunnel release, neurolysis, fasciotomy and tenosynovectomy is not medically necessary.