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| Case Number: | CM15-0211780 | | |
| Date Assigned: | 10/30/2015 | Date of Injury: | 08/29/2012 |
| Decision Date: | 12/15/2015 | UR Denial Date: | 10/19/2015 |
| Priority: | Standard | Application Received: | 10/28/2015 |

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 is a 45 year old female with a date of injury on 8-29-12. A review of the medical records indicates that the injured worker is undergoing treatment for right and left hand injury. Progress report dated 10-1-15 reports continued complaints of right hand pain. She had a trial of steroid injections at the last visit that helped slightly. She states that after a few weeks she had recurrent pain with a lump on the dorsum of the right wrist. She has paresthesias and pain of the right hand. She reports surgery done last year for her left hand helped. Objective findings: she has pain on the right wrist, no subluxation of the extensor carpi ulnaris tendon, there is mild positive Phalens sign on the right. Nerve conduction studies on 5-19-14 showed right carpal tunnel syndrome and right median motor latency of 4.3 seconds. Treatments include: medications, dorsal right wrist injection on 9/15/15 to extensor pollicis tendinitis. Request for authorization dated 10-12-15 was made for Right carpal tunnel release and right wrist ganglion excision. Utilization review dated 10-19-15 non-certified the 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 and right wrist ganglion excision: 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 rationale: The patient is a 45 year old female with signs and symptoms of a possible right carpal tunnel syndrome and possible symptomatic right dorsal wrist ganglion cyst. Conservative management has included medical management. Specific splinting of the right wrist carpal tunnel syndrome has not been documented clearly. The diagnosis of a moderate right carpal tunnel syndrome is supported by 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. Only symptomatic wrist ganglia merit or excision, if aspiration fails. Recurrences may be spontaneous or related to inadequate removal of the communication with the carpal joints or to satellite ganglia that the surgeon failed to excise. Based on the documentation, the patient has not be shown to have failed the recommended conservative management of carpal tunnel syndrome and ganglion cyst. The patient has not been adequately documented to have failed splinting of the right wrist and steroid injection to help to facilitate the diagnosis. The patient had only refused a steroid injection not based on a previous adverse reaction or allergic reaction. In addition, there was not documentation of an attempted aspiration of the dorsal ganglion cyst. Therefore, the procedures should not be considered medically necessary.