

Case Number:	CM15-0214065		
Date Assigned:	11/03/2015	Date of Injury:	07/15/2014
Decision Date:	12/22/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/30/2015

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 51-year-old male with an industrial injury of 10-15-2013. Medical record review indicates he is being treated for right hand carpal tunnel syndrome. Subjective complaints (08-19-2015) included constant tingling and numbness in his thumb through long finger with stiffness in his hand. "He describes bouts of nocturnal awakening." The injured worker had been wearing a brace and taking Lyrica. Prior treatment included medications. Physical exam (08-19-2015) revealed positive Durkin's, positive Tinel's and positive Phalen's sign. The treating physician documented a two-point discrimination of 7 mm in his thumb through long finger. Grip strength was 85-90-90 on the right and 90-100-95 on the left. There was full range of motion in his hand, wrist and fingers with painful range of motion. Diagnostics (08-19-2015) documented by the physician, as x-rays of right wrist did not reveal any signs of fractures or dislocations. "There were no sign of bony abnormalities. On 09- 23-2015, the request for right carpal tunnel release was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release: Overturned

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

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

Decision rationale: This is a request for right carpal tunnel release surgery. In this case, I recommend overturning the utilization review decision as I have greater information available. The injured worker is a 51-year-old man. Some of the confusion is likely that symptoms are long-standing and he has seen multiple different doctors including for unrelated symptoms around his shoulder. Over 400 pages of records were available for my review and those include documentation of symptoms consistent with carpal tunnel syndrome and persistent despite activity modification, splinting, oral and topical anti-inflammatory medications and carpal tunnel injection. April 9, 2015 nerve conduction velocities were abnormal with slowing of median motor onset latency and no recordable median sensory conduction; electromyography was not performed. With long-standing carpal tunnel syndrome confirmed by electrodiagnostic testing and persistently symptomatic despite appropriate non-surgical treatment including anti-inflammatory medications, splinting and documented carpal tunnel corticosteroid injection, the request for carpal tunnel release surgery is medically reasonable and appropriate and supported by standard evidence based treatment algorithms including the California MTUS guidelines.