

Case Number:	CM15-0217432		
Date Assigned:	11/09/2015	Date of Injury:	12/09/2013
Decision Date:	12/28/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/04/2015

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:

This injured worker is a 48 year old male, who sustained an industrial injury on 12-09-2013. The injured worker was diagnosed as having fracture of wrist-closed. On medical records dated 09-28-2015, the subjective complaints were noted as left hand worsening numbness and tingling. Objective findings were noted as swelling of the left volar distal forearm. Nerve conduction study was noted to be consistent with left carpal tunnel syndrome and ulnar neuropathy across the Guyon's canal. Treatment to date included surgical intervention. Current medications were not listed on 09-028-2015. The Utilization Review (UR) was dated 10-09-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for 1 left distal radius volar plate hardware removal, flexor synovectomy and carpal tunnel release median nerve block was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left distal radius volar plate hardware removal, flexor synovectomy and carpal tunnel release median nerve block: Upheld

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 based on Non-MTUS Citation J Bone Joint Surg Am. 2002 Feb;84-A(2):221-5. The role of flexor tenosynovectomy in the operative treatment of carpal tunnel syndrome. Shum C1, Parisien M, Strauch RJ, Rosenwasser MP.

Decision rationale: This is a request for removal of a left distal radius fracture plate, flexor tenosynovectomy, carpal tunnel release and a median nerve block. Records indicate the injured worker fell in 2013 fracturing his wrist and subsequently underwent surgical treatment with placement of the implants that are now proposed to be removed. Records provided include the results of December 19, 2014 electrodiagnostic testing which was consistent with mild carpal tunnel syndrome with the median sensory peak latency delayed to 3.9 ms but median motor onset latency within normal limits at 3.1 ms; the nerve testing was also consistent with C5-C6 radiculopathy which can cause overlapping symptoms with carpal tunnel syndrome and would not be improved by carpal tunnel release surgery. No records document standard non-surgical carpal tunnel treatment, such as night splinting of the wrist in a neutral position or carpal tunnel corticosteroid injection. Particularly in a case such as this with documented cervical radiculopathy which could be contributing to symptoms, the results of non-surgical carpal tunnel treatment are important to determine what portion of symptoms might reasonably be improved by carpal tunnel surgery. With mild carpal tunnel syndrome and no documented response to non-surgical carpal tunnel treatment, the California MTUS guidelines would not support carpal tunnel release surgery at this time. If carpal tunnel surgery ultimately proves to be necessary, removal of the fracture implants which are at the same location and might be contributing to symptoms would be appropriate. The proposed synovectomy surgery is not mentioned in the California MTUS guidelines, but studies have shown that synovectomy provides no benefit in conjunction with carpal tunnel release surgery. Therefore, this request for multiple surgeries including carpal tunnel release, fracture implant removal and flexor synovectomy is not medically necessary.