

Case Number:	CM15-0221068		
Date Assigned:	11/16/2015	Date of Injury:	06/02/2002
Decision Date:	12/30/2015	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	11/10/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic 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 injured worker is a 70-year-old male who sustained an industrial injury on 6/2/02. Injury occurred when a heavy door fell on him. He underwent left endoscopic carpal tunnel release, endoscopic-assisted cubital tunnel release, and open Guyon's canal decompression in 2012 with no relief of symptoms. The 9/14/15 electrodiagnostic study documented evidence of severe carpal tunnel syndrome and ulnar neuropathy at Guyon's canal bilaterally, severe right and moderate left cubital tunnel syndrome, atrophy in the median and ulnar innervated muscles bilaterally, and evidence of left cervical radiculopathy at C5, C6, and C7. The 10/20/15 treating physician report cited grade 7/10 bilateral hand pain, numbness, and tingling. Severe functional difficulty was documented in activities of daily living. Conservative treatment had included splints and medications. Physical exam documented positive Phalen's and Tinel's tests at the carpal tunnel, cubital tunnel, and Guyon's canal. Median nerve compression test was positive at the carpal tunnel. There was decreased thenar muscle strength. Authorization was requested for bilateral cubital tunnel release, bilateral Guyon's canal decompression, and bilateral open carpal tunnel release with nerve wrap. The 11/9/15 utilization review certified the requests for bilateral cubital tunnel release and bilateral Guyon's canal decompression. The request for right and left open carpal tunnel releases with nerve wrap was modified to endoscopic carpal tunnel releases with nerve wrap as guidelines stated that endoscopic carpal tunnel release seemed to be an effective procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right open carpal tunnel release with nerve wrap Qty 1: Overturned

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, and 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 Official Disability Guidelines (ODG) Carpal tunnel syndrome, Carpal tunnel release surgery (CTR).

Decision rationale: The California MTUS guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. The Official Disability Guidelines state that carpal tunnel release is well supported, both open and endoscopic (with proper surgeon training), assuming the diagnosis of carpal tunnel syndrome is correct. Guideline criteria have been met. This injured worker presents with bilateral hand pain, numbness and tingling with severe functional limitations. Clinical exam findings are consistent with imaging evidence of severe bilateral carpal tunnel syndrome. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Guidelines support either open or endoscopic surgery for carpal tunnel release at the discretion of the surgeon. Therefore, this request is medically necessary.

Left open carpal tunnel release with nerve wrap: Overturned

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, and 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 Official Disability Guidelines (ODG) Carpal tunnel syndrome, Carpal tunnel release surgery (CTR).

Decision rationale: The California MTUS guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. The Official Disability Guidelines state that carpal tunnel release is well supported, both open and endoscopic (with proper surgeon training), assuming the diagnosis of carpal tunnel syndrome is correct. Guideline criteria have been met. This injured worker presents with bilateral hand pain, numbness and tingling with severe functional limitations. Clinical exam findings are consistent with imaging evidence of severe bilateral carpal tunnel syndrome. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Guidelines support either open or endoscopic surgery for carpal tunnel release at the discretion of the surgeon. Therefore, this request is medically necessary.