

Case Number:	CM15-0223304		
Date Assigned:	11/19/2015	Date of Injury:	09/18/2000
Decision Date:	12/31/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/13/2015

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 74-year-old male who sustained an industrial injury on 9/18/00, relative to work duties cutting tire rubber. The 10/15/15 treating physician report indicated that the injured worker presented with symptoms and findings consistent with severe carpal tunnel syndrome of the right upper extremity. He had persistent pain and diminished sensation of the right hand with thenar atrophy. He had been diagnosed with bilateral carpal tunnel syndrome, confirmed by electrodiagnostic studies. He had prior left carpal tunnel release. He wanted to proceed with right hand surgery which had been delayed was the carrier would not allow medical treatment for the right hand. X-rays of the right hand were performed and showed severe osteoarthritis of the trapeziometacarpal joint and the metacarpophalangeal joint of the right index finger. There was advanced osteoarthritis of the proximal interphalangeal joints of all of the digits of the fingers and the distal interphalangeal joints. The injured worker was right hand dominant. Right wrist/hand exam documented marked thenar atrophy and atrophy of the first dorsal interosseous. There was sensory loss in the median nerve distribution. There was swelling of the right index finger metacarpophalangeal joint. There were flexion contractures of the proximal interphalangeal joints of the index, middle, ring, and little fingers. Phalen's test was positive. There was no triggering and Finkelstein's was negative. Hand/wrist range of motion was symmetrical and motor strength was normal for age. The diagnosis was severe right carpal tunnel syndrome. Authorization was requested for right carpal tunnel release, 12 sessions of post-operative physical therapy, and Vicodin 5/300 mg #90. The 10/27/15 utilization review non-certified the request for right carpal tunnel release and associated surgical request as there was no current EMG/NCV evidencing carpal tunnel syndrome, no current carpal tunnel symptoms, no detailed conservative treatment trial and failure, and no documentation of night-time awakening, nocturnal paresthesias, positive flick test, or Katz hand diagram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release: 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 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 provide clinical indications for carpal tunnel release in severe carpal tunnel syndrome that require symptoms/findings including muscle atrophy, severe weakness of the thenar muscles, 2 point discrimination test > 6 mm, and positive electrodiagnostic testing. Guideline criteria have not been fully met. This injured worker presents with persistent right hand pain and diminished sensation in the median nerve distribution. Clinical exam findings documented thenar atrophy and positive Phalen's test. Electrodiagnostic studies were reportedly positive for bilateral carpal tunnel syndrome. However, two-point discrimination testing was not documented. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the right wrist, including splinting, and failure has not been submitted. Therefore, this request is not medically necessary at this time.

Post-operative physical therapy 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Vicodin 5/300mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.