

Case Number:	CM15-0224037		
Date Assigned:	11/20/2015	Date of Injury:	02/26/2015
Decision Date:	12/30/2015	UR Denial Date:	11/05/2015
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: 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 56 year old woman sustained an industrial injury on 2-26-2015. Evaluations include electrodiagnostic testing and nerve conduction studies of the bilateral upper extremities dated 5-2015 showing neuropathy consistent with moderate carpal tunnel syndrome. Diagnoses include bilateral carpal tunnel syndrome and right wrist tendon strain. Treatment has included oral medications and bracing. Physician notes dated 10-21-2015 show complaints of right hand paresthesias with numbness, weakness, and pain rated 1-2 out of 10. The physical examination shows decreased sensation to the right thumb, index finger, and long finger and the left ring finger. Recommendations include wrist splints and surgical intervention. Utilization Review denied a request for bilateral carpal tunnel release on 11-5-2015. Her history has included numbness of both hands associated with nighttime symptoms. Her symptoms have been progressive. Examinations have noted bilateral positive Phalen's and Tinel's at the wrist, as well as positive carpal compression test. Electrodiagnostic studies from 5/8/15 note evidence of moderate bilateral carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral carpal tunnel release: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, (Acute and Chronic) Official Disability Guidelines (ODG), Forearm, Wrist and Hand, (Acute and Chronic).

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

Decision rationale: The patient is a 56 year old female with a greater than 1 year history of signs and symptoms of bilateral carpal tunnel syndrome that has failed conservative management of medical management, physical therapy, activity modification and splinting of both wrists. Her diagnosis of bilateral carpal tunnel syndrome is supported by electrodiagnostic studies noting a condition of moderate severity. A steroid injection was discussed. The patient has nighttime symptoms of bilateral hand numbness that awaken her at night and she has positive provocative maneuvers of positive Tinel's, Phalen's and carpal compression tests. Her symptoms have worsened. 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 electro-diagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery 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. Steroid injections are used in cases to help facilitate the diagnosis. However, given the clinical documentation and failure of conservative management, this does not appear necessary. In addition, steroid injections are only noted to provide temporary relief. From page 265, 'Outcomes from carpal tunnel surgery justify prompt referral for surgery in moderate to severe cases, though evidence suggests that there is rarely a need for emergent referral. Thus, surgery should usually be delayed until a definitive diagnosis of CTS is made by history, physical examination, and possibly electrodiagnostic studies. Symptomatic relief from a cortisone/anesthetic injection will facilitate the diagnosis; however, the benefit from these injections is short-lived.' Therefore, based on the overall clinical documentation with failure of appropriate conservative management and supporting electrodiagnostic studies, bilateral carpal tunnel release should be considered medically necessary. A steroid injection does not appear necessary in this case. The request is not medically necessary. UR stated that there is no information regarding the claimant's current subjective complaints or objective findings. There is no documented treatment to date, or objective testing, such as electrodiagnostic studies. There is no documentation provided from the surgeon. However, it appears that were limited records available to the UR reviewer. The medical records provided for this review document sufficient findings and treatment to satisfy the concerns of the UR. Documentation from the requesting surgeon was provided for this review.