

Case Number:	CM15-0035214		
Date Assigned:	03/03/2015	Date of Injury:	02/22/2011
Decision Date:	04/13/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/24/2015

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:

The injured worker is a 52-year-old female, who sustained an industrial injury on February 22, 2011. She has reported bilateral wrist injury. The diagnoses have included carpal tunnel syndrome. Treatment to date has included bilateral carpal tunnel releases. Currently, the IW complains of continued wrist pain. Physical findings are noted as healed surgical scars; positive Phalen's and reverse Phalen's bilaterally with decreased sensation, and grip strength, and noted distal radial tenderness. On January 26, 2015, Utilization Review non-certified revision right wrist carpal tunnel release. The MTUS and ACOEM guidelines were cited. On February 16, 2015, the injured worker submitted an application for IMR for review of revision right wrist carpal tunnel release. Documentation from 12/16/14 noted that the patient has recurrent right carpal tunnel syndrome. Postoperative diagnostics did indicate that the carpal tunnel syndrome had returned. She had failed medical, physical therapy and home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision right wrist carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The patient is a 52-year-old female with signs and symptoms of possible recurrent right carpal tunnel syndrome that has failed some conservative management. The requesting surgeon noted that postoperative diagnostics had confirmed that the carpal tunnel had returned. However, the specifics of these diagnostics were not detailed and there were no supporting electrodiagnostic studies provided in the reviewed documentation to evaluate for a possible recurrence. From page 270, ACOEM, Chapter 11, “CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken.” Therefore, revision right carpal tunnel release should not be considered medically necessary.