

Case Number:	CM15-0038144		
Date Assigned:	03/06/2015	Date of Injury:	10/18/2013
Decision Date:	04/17/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/27/2015

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: Minnesota, Florida
 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:

The injured worker is a 49-year-old female, who sustained an industrial injury on 10/18/13. She underwent Nerve Conduction Studies on 11/4/2013, which showed bilateral carpal tunnel syndrome, left worse than right. Since that time she has developed some thenar atrophy as well. She has reported left more than right wrist pain. The current diagnoses have included left pronator teres syndrome and a right carpal tunnel syndrome. Treatment to date has included physical therapy of bilateral wrists, home exercise program and wrist brace to bilateral wrists. Nerve conduction studies did not document a pronator teres syndrome. The distal motor latency of the left median nerve at the wrist was 5.5 msec and the right was 4.9 msec on 11/4/13. However, the documentation does not indicate any surgery was performed. Since then the IW has also developed some thenar atrophy. Currently, the injured worker complains of left wrist aching, throbbing pain with numbness and weakness of hand and wrist. She also has right wrist pain of a lesser degree. Physical exam noted bilateral thenar wasting, a median dryness pattern to bilateral hands, positive pronator and sublimus sign on left and a weakness of grip on left. Utilization Review modified a request for left median nerve decompression in the forearm, wrist, and elbow to a carpal tunnel release. A long arm cast was also noncertified. This is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left elbow and wrist decompression of the median nerve at the forearm, elbow, wrist with transfer of pronator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270, 38.

Decision rationale: This pertains to the request for a left carpal tunnel release and exploration of the median nerve in the left forearm and elbow. The injured worker is a morbidly obese female with clinical and electrophysiologic evidence of bilateral carpal tunnel syndrome based upon nerve conduction studies performed on November 4, 2013. The distal motor latency of the left median nerve was 5.5 ms at that time and the right median nerve was 4.9 ms. The nerve conduction study does not support the diagnosis of a left pronator teres syndrome. Based upon the documentation provided, a carpal tunnel release is supported but decompression of the left median nerve in the forearm and elbow is not supported. California MTUS guidelines indicate surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint with clear clinical and specialized study evidence of a lesion that has been shown to benefit, in both the short and long-term, from surgical intervention. Surgical decompression of the median nerve usually relieves carpal tunnel syndrome symptoms. High quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of carpal tunnel syndrome. Patients with moderate or severe carpal tunnel syndrome have better outcomes from surgery than splinting. Carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction study tests before surgery is undertaken. For pronator syndrome the guidelines require a firm diagnosis based upon positive electrical studies and clear clinical evidence. Quality studies are not available on surgical treatment of pronator syndrome and there is no evidence of its benefits. As such, the request for a left carpal tunnel release is supported by guidelines and the medical necessity of the carpal tunnel release is established. However, the pronator teres syndrome is not supported by guidelines and as such, the request for the median nerve decompression in the forearm and elbow with transfer of the pronator teres is not medically necessary.

Long arm cast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: California MTUS guidelines do not recommend postoperative splinting after a carpal tunnel release. In fact, the guidelines state that splinting of the wrist beyond 48 hours following carpal tunnel release may be largely detrimental especially compared to a home

therapy program. Therefore, a bulky dressing is supported. The elbow and forearm surgery is not medically necessary. Therefore, the request for a long arm cast is also not medically necessary.