

Case Number:	CM15-0045459		
Date Assigned:	03/17/2015	Date of Injury:	06/20/2013
Decision Date:	04/16/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/10/2015

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: 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 39-year-old female, who sustained an industrial injury on June 20, 2013. She reported bilateral hand pain. The injured worker was diagnosed as having bilateral carpal tunnel syndrome. Treatment to date has included medications, left carpal tunnel release, home exercise program, and physical therapy. On February 16, 2015, she currently has pain with numbness and tingling of the right upper extremity. She also reports continued weakness of the left hand despite having had physical therapy following her carpal tunnel release surgery. Physical findings are noted as weakness in gripping bilaterally, and positive Tinel's and Phalens on the right. The IMR request is for right carpal tunnel release, a home exercise kit for her home exercise program, and follow-up in 4-6 weeks. Previous AME from 7/2/14 noted that the patient had undergone splinting of her carpal tunnel syndrome. Electrodiagnostic studies were negative for carpal tunnel syndrome on the right and showed a mild left carpal tunnel syndrome. Recommendation was made for steroid injection of both carpal tunnels. The patient appears to have undergone a left carpal tunnel injection on 7/22/14 without improvement. The patient is noted to undergone left carpal tunnel release on 10/31/14.

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 ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270 and 272.

Decision rationale: The patient is a 39-year-old female with signs and symptoms of possible right carpal tunnel syndrome. Conservative treatment has included physical therapy, bracing, medical management and acupuncture. However, previous electrodiagnostic studies did not support that there was evidence of carpal tunnel syndrome on the right side. Previous recommendations included steroid injections to the bilateral carpal tunnel syndrome. Left sided injection is well documented but this is not the case for the right side. Given that the electrodiagnostic studies are negative, a positive response to a steroid injection may help to support the diagnosis. From ACOEM, this is recommended treatment as well. Therefore, without this documentation, right carpal tunnel release should not be considered medically necessary. From Chapter 11, page 265, Symptomatic relief from a cortisone/anesthetic injection will facilitate the diagnosis; however, the benefit from these injections is short-lived. From Chapter 11, page 270, CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. From Chapter 11, Table 11-7, initial recommended treatment includes splinting and medications followed by a corticosteroid injection in cases of mild to moderate carpal tunnel syndrome.