MAXIMUS Federal Services

Case Number:	CM15-0053614		
Date Assigned:	03/27/2015	Date of Injury:	10/21/2005
Decision Date:	05/01/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/20/2015

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 (IW) is a 46-year-old female who sustained an industrial injury on 10/21/2005. Diagnoses include left carpal tunnel syndrome and left lateral epicondylitis. Treatment to date has included medications, bracing and surgery. Diagnostics performed to date included electrodiagnostic studies. According to the PR2 dated 3/11/15, the IW reported bilateral elbow pain, right greater than left, radiating to the right wrist. She had a history of bilateral hand numbness and tingling and right carpal tunnel release. On examination, the right wrist and hand were mildly swollen and the left wrist and hand were unremarkable. A request was made for left carpal tunnel release per the recommendation of the orthopedic consult to prevent further damage to the median nerve; EMG/NCS performed on 10/21/14 showed moderate to severe left median neuropathy at the CTS region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpel tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints,Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient is a 46 year old female with possible left carpal tunnel syndrome that has failed conservative management and is supported by electrodiagnostic studies. The electrodiagnostic studies are stated to confirm a moderate to severe condition of the left side. Conservative management has included splinting, medical management and activity modification. However, the patient's examination does not note signs of typical carpal tunnel syndrome, as Phalen's, Tinel's and carpal compression test are all negative. In addition, gross motor was 5/5 and light touch sensation was intact. The patient was not noted to have evidence of thenar atrophy or other signs of a severe nature. A possible steroid injection was discussed but was not planned. The requesting surgeon was basing the decision for surgical intervention on the fact that electrodiagnostic studies showed a moderate to severe condition. He stated that 'her current symptoms do not match at all with carpal tunnel syndrome.' Based on this overall clinical picture, it is not clear if the patient has left carpal tunnel syndrome considering the physical exam and symptomatology do not support this. 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. The positive findings on clinical examination appear to be lacking. Further, from page 270, Positive EDS in asymptomatic individuals is not CTS. The overall findings for this patient do not adequately support left carpal tunnel syndrome. Therefore, further conservative management should be exhausted including a consideration for a steroid injection, which may help facilitate the diagnosis. Left carpal tunnel release in this patient should not be considered medically necessary.