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| Case Number: | CM15-0054984 | | |
| Date Assigned: | 03/30/2015 | Date of Injury: | 01/12/2012 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/04/2015 |
| Priority: | Standard | Application Received: | 03/23/2015 |

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 38-year-old male, who sustained an industrial injury on 01/12/2012. He reported repetitive use injury. The injured worker was diagnosed as having right carpal tunnel syndrome, status post right carpal tunnel release, left rotator cuff syndrome, and left carpal tunnel syndrome. Treatment to date has included medications (NSAIDs), electro diagnostic studies, right carpal tunnel release, injections, and magnetic resonance imaging. On February 10, 2015, he complained of pain and numbness in both hands, indicating the left side is worse than the right. He had right carpal tunnel release and continues to have pain in the palm. He also complains of right shoulder pain. The treatment plan included right shoulder surgery. On February 26, 2015, he continues with the same complaints. The treatment plan included left carpal tunnel release. The records do not indicate results of conservative treatment measures rendered. The request is for left endoscopic carpal tunnel release. Symptoms include numbness that affects his ability to drive. Signs include positive Phalen's, Tinel's and carpal compression test. Conservative management documented included medications (NSAIDs), splinting, activity modification, and steroid injection. Previous electro diagnostic studies are stated to show moderate to severe carpal tunnel syndrome from a QME dated 7/31/12. Informed consent appears to have been documented from evaluations dated 2/25/15 and 2/4/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left endoscopic carpal tunnel release: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

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

Decision rationale: The patient is a 38 year old with signs and symptoms of left carpal tunnel syndrome that has failed conservative management of splinting, NSAIDs, activity modification and steroid injection. The diagnosis is supported by electro diagnostic studies. From ACOEM 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 ACOEM Chapter 11, page 272, Table 11-7, conservative management should including splinting and medication followed by steroid injection. Therefore, based on these requirements, left carpal tunnel release in this patient should be considered medically necessary. Part of the reasoning for the denial included lack of documentation of conservative management. The records provided for this review directly contradict this. The patient was currently taking Motrin (an NSAID), and was directly stated to have undergone splinting and activity modification. Additionally, the patient was noted to have undergone a recent steroid injection with only temporary improvement. Therefore, this request is medically necessary.