

Case Number:	CM15-0059023		
Date Assigned:	04/03/2015	Date of Injury:	05/09/2011
Decision Date:	05/05/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/27/2015

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: 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 36-year-old female who sustained an industrial injury on 5/9/11. The injured worker reported symptoms in the right shoulder and right upper extremity. The injured worker was diagnosed as having electrically silent right carpal tunnel syndrome, derangement right wrist and hand, and right wrist and hand tenosynovitis. Treatments to date have included home exercise program, physical therapy, status post De Quervain release surgery on 11/22/13, non-steroidal anti-inflammatory drugs, and ice application. Currently, the injured worker complains of pain in the right shoulder and right upper extremity. The plan of care was for carpal tunnel release, home exercise program and a follow up appointment at a later date. Electrodiagnostic studies from 1/27/15 note normal findings of the right upper extremity. The patient is noted to have signs and symptoms of right carpal tunnel syndrome that is electrically silent from an evaluation dated 2/12/15. Recommendation is made for right carpal tunnel release. Conservative management has included a home exercise program, NSAIDs, physical therapy and activity modification. Conservative management has included a steroid injection for DeQuervain's tenosynovitis on the right in 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

(R) Carpal Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Surgery.

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 36 year old female with signs and symptoms of possible right carpal tunnel syndrome that has failed the following conservative management: physical therapy, a home exercise program, NSAIDs and activity modification. There does not appear to be documentation of bracing/splinting. There is no documentation of an attempted injection into the carpal tunnel or reasoning why it was not performed. Electrodiagnostic studies report a normal study. Overall, there is insufficient documentation to warrant right carpal tunnel release. From page 272, Table 11-7, recommendation is made for a corticosteroid injection after initial conservative management of splinting and medication for mild or moderate cases of carpal tunnel syndrome. There is no suggestion that the patient has evidence of a severe condition. Further from page 270, Chapter 11, ACOEM, CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare. Therefore, based on the recommendations, right carpal tunnel release should not be considered medically necessary. A complete trial of conservative management has not been documented, including a consideration for steroid injection. In addition, electrodiagnostic studies report a normal study, which would place greater emphasis on exhaustion of conservative management as well as confirmation of the diagnosis with a positive response to steroid injection.

Home Exercise Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

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 36 year old without evidence for a medically necessary right carpal tunnel release. Thus, a postoperative home exercise program would not be necessary. In addition, it appears that the patient has already been instructed on a recent home exercise program. Therefore, the request is not medically necessary.