

Case Number:	CM15-0081706		
Date Assigned:	05/04/2015	Date of Injury:	05/12/2011
Decision Date:	06/02/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/28/2015

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 56 year old male, who sustained an industrial injury on May 12, 2011. He has reported shoulder pain, abdominal pain, hand pain, and wrist pain. Diagnoses have included left carpal tunnel syndrome, shoulder joint derangement, lesion of the left ulnar nerve, and umbilical hernia. Treatment to date has included medications, splinting, physical therapy, bilateral shoulder surgeries, hernia repair, imaging studies, and diagnostic testing. A progress note dated February 24, 2015 indicates a chief complaint of numbness, tingling, and weakness of the left hand. The treating physician documented a plan of care that included carpal tunnel release of the left wrist. Previous records confirmed the use of NSAIDs, bracing, as well as median innervated numbness of the hand, positive Tinel's and positive Phalen's. Electrodiagnostic studies had confirmed the presence of a left CTS and repeat EDS were denied by the health plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal tunnel release of the left wrist: Overturned

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

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

Decision rationale: The patient is a 56 year old male with signs and symptoms of a left carpal tunnel syndrome that has failed conservative management of splinting and NSAIDs. This has progressed despite this treatment. Electrodiagnostic studies (EDS) from 2013 confirm the presence of a left carpal tunnel syndrome. From page 270 ACOEM, Chapter 11, Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. 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 page 272, recommendations are made for NSAIDs and splinting prior to steroid injection. From page 265, Symptomatic relief from a cortisone/anesthetic injection will facilitate the diagnosis; however, the benefit from these injections is short-lived. Based on the entirety of the medical record, the patient has progression of a left carpal tunnel syndrome that has failed splinting and medical management and is supported by previous EDS. A steroid injection can help to facilitate the diagnosis, but is unnecessary for this patient as the diagnosis appears clear and further EDS testing was denied by the health plan. Therefore, left carpal tunnel release should be considered medically necessary and addresses the concerns of the UR for lack of conservative management (splinting and NSAIDs) and response to steroid injection.