

Case Number:	CM15-0083489		
Date Assigned:	05/05/2015	Date of Injury:	12/06/2013
Decision Date:	06/04/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/30/2015

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 52-year-old male, who sustained an industrial injury on 12/06/2013. He reported acute pain in the right shoulder carrying a water heater up a flight of stairs. Diagnoses include right shoulder impingement syndrome and arthropathy, status post right carpal tunnel release June 2014, left carpal tunnel syndrome and adhesive capsulitis of the left shoulder. He is status post shoulder arthroscopy 1/7/15 and status post manipulation under anesthesia. Treatments to date include activity modification, medication therapy, cortisone injection, protective brace, physical therapy, and anti-inflammatory medications. Currently, he complained of worsening right carpal tunnel syndrome symptoms including complete numbness in the right hand associated with burning pain. On 4/8/15, the physical examination documented atrophy over the abductor poleis brevis and swelling over the right volar distal forearm. There is positive Tinel's and Phalen's tests noted. The plan of care included right carpal tunnel release revision and associated procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right re-do carpal tunnel release median nerve block synovectomy: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 52-year-old male with signs and symptoms of a possible recurrent or persistent right carpal tunnel syndrome. He had previously undergone right carpal tunnel syndrome. Despite significant conservative management including bracing, medical management, activity modification, physical therapy, and cortisone injection into the carpal tunnel, his signs and symptoms have persisted and have noted to have progressed. His function has been documented to have deteriorated. Electrodiagnostic studies reported findings consistent with a slight 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, Table 11-7, for mild to moderate cases of carpal tunnel syndrome, splinting and medical management is recommended as initial treatment followed by steroid injection if the condition persists. Based on the entirety, the patient has persistent signs and symptoms of right carpal tunnel syndrome that has failed well-documented recommended conservative management. He is noted to have worsening hand function and is supported by EDS. Therefore, redo right carpal tunnel release should be considered medically necessary. The UR review stated that the EDS studies documented an improved carpal tunnel syndrome in median nerve latency. However, the patient has persistent symptoms and still has evidence of carpal tunnel syndrome on EDS studies. Therefore, with failure of conservative measures and worsening function it is reasonable to consider surgical treatment.

Median nerve internal neurectomy hypotenar fat flap: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation A Systematic Review of the Literature on the Outcomes of Treatment for Recurrent and Persistent Carpal Tunnel Syndrome, Soltani, Ali M.; Allan, Bassan J.; Best, Matthew J.; Mir, Haaris S.; Panthaki, Zubin J., Plastic & Reconstructive Surgery 132(1): 114-121, July 2013.

Decision rationale: As the redo right carpal tunnel syndrome is considered medically necessary, consideration should be given for an adjunctive procedure to improve the chance for success. From the peer reference, 'Recurrent or persistent carpal tunnel syndrome can be a troublesome problem once established after primary carpal tunnel decompression.' Repeated open decompression with external or internal neurectomy has been touted as the accepted standard in

many surgical reports. 2, 5,7,12 other techniques, however, such as epineurectomy, endoscopic release, and various flap techniques, have been reported. A hypothenar fat flap is one of those flap techniques. The results from the meta-analysis are stated: This meta-analysis reporting on the outcomes of secondary carpal tunnel surgery provides useful data supporting the use of vascularized tissue interposition during revision decompression. Further randomized controlled trials are needed to confirm and corroborate this finding. Therefore, it is reasonable to perform a hypothenar fat flap in this patient with persistent or recurrent right carpal tunnel syndrome. This procedure should be considered medically necessary.