

Case Number:	CM15-0087297		
Date Assigned:	05/11/2015	Date of Injury:	12/14/2009
Decision Date:	06/11/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/06/2015

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 44 year old female injured worker suffered an industrial injury on 12/14/2009. The diagnoses included left carpal tunnel syndrome, left elbow epicondylitis and cervical sprain /strain. The diagnostics included electromyographic studies. The injured worker had been treated with medications and splints. On 3/31/2015, the treating provider reported she had returned to work with worsening pain in the left upper extremity. On exam she had diminished sensation to the entire left extremity. The treatment plan included Left carpal tunnel release, Preoperative consultation, and Occupational therapy 2 times a week for 4 weeks. Electro-diagnostic studies from 3/23/15 note findings consistent with a normal study of the left median nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel release: Upheld

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 44 year old female with signs and symptoms of a possible left carpal tunnel syndrome. She has undergone conservative management of splinting and medical management. She has not been documented to have undergone a steroid injection to help facilitate the diagnosis. Electrodiagnostic studies have been negative to date. From an examination dated 3/31/15, there was not documentation that a severe condition exists, including but not limited to thenar atrophy. 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 postsurgery 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. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS are very rare." Further from page 272, Table 11-7, injection of corticosteroids into to the carpal tunnel is recommended in mild to moderate cases of carpal tunnel syndrome after trial of splinting and medication. Based on these guidelines, the patient does not satisfy medically necessary criteria for left carpal tunnel release. As the requesting surgeon noted, electrodiagnostic studies can be negative in patients that do have carpal tunnel syndrome. Therefore, a steroid injection should be considered to help confirm the diagnosis. Therefore, if there is a positive response, then reconsideration could be given for carpal tunnel release in a patient with negative EDS studies.

Preoperative consultation for surgery: Upheld

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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Occupational therapy 2 times a week for 4 weeks: Upheld

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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.