

Case Number:	CM14-0148988		
Date Assigned:	09/18/2014	Date of Injury:	02/22/2008
Decision Date:	11/10/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58 year old male who reported an injury on 02/22/2008. The mechanism of injury was not specified. The injured worker was diagnosed with status post right cubital tunnel release on 06/21/2013, right carpal tunnel syndrome, cervical disc protrusion, cervical radiculopathy, and cervical stenosis. Prior treatment included physical therapy, chiropractic treatment, and a home exercise program. The documentation indicated an electrodiagnostic study was performed which revealed findings consistent with median nerve compression of the right wrist. The injured worker previously underwent left wrist carpometacarpal interpositional arthroplasty on 02/08/2013 and right cubital tunnel release on 06/21/2013. The clinical note dated 04/04/2014 noted the injured worker had positive Tinel's and Phalen's tests on the right with decreased sensation in the thumb, index and middle fingers. The clinical note dated 07/11/2014 noted the injured worker reported right hand/wrist pain rated 8/10 and numbness and tingling to the right ring, middle and index fingers. The injured worker had pain to the right elbow rated 8/10 and neck pain rated 9/10 which radiated to the right upper extremities. Grip strength (JAMAR KG) on the right was 27-25-23, and wrist extension/flexion was 0/125. The injured worker's medication regimen included Tramadol, Prilosec, and Naproxen. The physician was requesting Right Carpal Tunnel Release. The request for Authorization was dated 08/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release: Upheld

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): 270-271.

Decision rationale: The request for Right Carpal Tunnel Release is not medically necessary. The documentation indicated an electrodiagnostic study was performed which revealed findings consistent with median nerve compression of the right wrist. The injured worker had positive Tinel's and Phalen's tests on the right with decreased sensation in the thumb, index and middle fingers. Grip strength (JAMAR KG) on the right was 27-25-23. The California MTUS/ACOEM guidelines state referral for hand surgery may be indicated for patients who have red flags of a serious nature and fail to respond to conservative management, including worksite modifications. Patients must have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. Surgical decompression of the median nerve usually relieves CTS symptoms. Carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. The injured worker had physical examination findings consistent with carpal tunnel syndrome, positive electrodiagnostic testing, and the physician indicated the injured worker has failed all conservative care options. The physician did not provide an official electrodiagnostic study report within the documentation submitted for review. Therefore, the requested carpal tunnel release would not be indicated at this time. As such, the request is not medically necessary.