

Case Number:	CM14-0092159		
Date Assigned:	07/25/2014	Date of Injury:	11/04/2012
Decision Date:	10/14/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/18/2014

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 and is licensed to practice in Minnesota. 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 worker complains of intermittent moderate pain in the right wrist since 5/12/2011, this is associated with numbness and tingling as well as swelling. Pain level increased to 8/10 in May 2014. Treatment included 6 months of acupuncture and physical therapy which did not help. Medications are not helping. Examination reveals tenderness in the cervical area with muscle spasm and decreased range of motion. The right wrist and hand are tender to palpation. Range of motion of the wrist is decreased. There is a Tinel's sign present and there is weakness of grip. She is tender over the medial and lateral aspects of the right knee. Her gait is antalgic. Knee range of motion is 0-95 degrees. Electromyography of the cervical area and the right upper extremity is said to be normal. The Nerve Conduction Study is reported to be consistent with carpal tunnel syndrome and right ulnar neuropathy due to constriction at Guyon's canal. The actual study is not included with the medical records. Right carpal tunnel release is requested.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-267, 270,272.

Decision rationale: Carpal tunnel syndrome does not produce hand or wrist pain. It most often causes digital numbing or tingling in the median distribution. Although symptoms of pain, numbness, and tingling in the hands are common in the general population, based on studies, only one in five symptomatic subjects would be expected to have carpal tunnel syndrome based on clinical examination and electrophysiologic testing. Appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions. However these are not included with the medical records. Electromyography is said to be negative in the right upper extremity but the actual nerve conduction studies are not available. The history does not mention diabetes, hypothyroidism, pregnancy, etc. The physical examination reports generalized tenderness and a positive Tinel's sign but does not mention a detailed neurologic assessment, Katz hand diagram, Durkan's test or Phalen's sign. Despite the chronicity documented, no thenar atrophy is mentioned. Physical therapy and Acupuncture have no scientifically proven efficacy in the management of carpal tunnel syndrome. The notes do not document night splinting, day splinting, or corticosteroid injections into the carpal tunnel. Although surgical decompression of the median nerve usually relieves carpal tunnel syndrome symptoms, the diagnosis must be electrodiagnostically confirmed for a successful outcome. Surgery will not relieve symptoms of cervical radiculopathy (double crush syndrome). Without the benefit of the actual EMG and nerve conduction studies an accurate diagnosis cannot be made. The proposed surgery is therefore, not medically necessary based upon MTUS guidelines.