

Case Number:	CM14-0099491		
Date Assigned:	07/28/2014	Date of Injury:	10/08/2012
Decision Date:	10/02/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/27/2014

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 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 42-year-old female who reported an injury on 10/08/2012. The mechanism of injury was not provided for clinical review. The diagnoses included history of right carpal tunnel decompression, history of left carpal tunnel decompression, history of redo carpal tunnel decompression, and persistent bilateral median neuropathy with right first dorsal compartment tendinopathy with possible early complex regional pain syndrome. Previous treatments included medication and carpal tunnel surgery. Diagnostic testing included an EMG. Within the clinical note dated 05/09/2014, it was reported the injured worker complained of pain in the right hand and wrist extends proximally into her arm, and habitually precludes restful sleep. The injured worker reported her fingers of her hand are constantly numb. Upon the physical examination, the provider noted the injured worker had significant tenderness directly over the carpal tunnel and distal forearm. The provider noted the injured worker had a positive Tinel's, Phalen, and Durkin sign. The provider noted the EMG/NCV dated 12/05/2013 revealed the right median sensory conduction study was abnormal. The peak latency is prolonged with stimulation of the right finger. The right median motor conduction study was normal. The provider noted the diagnostic study was abnormal. The providers noted the persistent median nerve symptoms affecting the right wrist were quite severe and interfere with simple activities of daily living and preclude sleep despite the use of medication and conservative care. The provider requested for a redo of the right median nerve decompression with ulnar fat flap transfer and biofilm wrapping of the left median nerve to improve the outcome of the re-operative surgery for the median nerve at the wrist and postoperative therapy for the left wrist. However, the Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right redo carpal tunnel decompression with ulnar fat flap transfer and biofilm wrapping of left median nerve: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The requests for Right redo carpal tunnel decompression with ulnar fat flap transfer and biofilm wrapping of left median nerve is not medically necessary. The California MTUS/ACOEM Guidelines note surgical decompression of the medial nerve usually relieves carpal tunnel symptoms. High quality scientific evidence shows success in the majority of patients with electro diagnostically confirmed diagnosis of carpal tunnel syndrome. Patients with the mildest symptoms display the poorest postsurgical results; patients with moderate to severe carpal tunnel syndrome have better outcomes in surgery than splinting. Carpal tunnel syndrome must be provided by positive findings on clinical examination and the diagnosis should be supported with a nerve conduction test before surgery is undertaken. Mild carpal tunnel syndrome with normal electrodiagnostic studies exists, but moderate to severe carpal tunnel syndrome with normal electrodiagnostic studies is very rare. Positive electrodiagnostic studies in asymptomatic individuals are not carpal tunnel syndrome. Studies have not shown portable nerve conduction studies to be effective diagnostic tools. Surgery will not relieve any symptoms from cervical radiculopathy double crush syndrome. Likewise diabetic patients' peripheral neuropathy cannot expect full recovery and a total abatement of symptoms after nerve decompression. The clinical documentation submitted indicated the injured worker had signs and symptoms of carpal tunnel syndrome, and a positive Tinel's and positive Phalen's test. The provider indicated the injured worker had decreased sensation in the innervated digits of the hand. The provider noted the injured worker had an EMG which was abnormal; however, the official report of the EMG/NCV was not provided for clinical review to corroborate the diagnosis of carpal tunnel syndrome. Therefore, the request is not medically necessary.

Post Operative Therapy 3 times 3 to left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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