

Case Number:	CM14-0194978		
Date Assigned:	12/02/2014	Date of Injury:	09/27/2013
Decision Date:	01/14/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/20/2014

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 45 year old male with a reported industrial injury on September 27, 2013, the mechanism of the injury was not provided in the available medical records. The injured worker returned to surgeon on October 28, 2014 for post-surgical follow up. The note states the injured worker had good relief from the left carpal tunnel syndrome following surgery on July 25, 2014. The complaints at this visit are he continues to have symptoms in the left ulnar nerve distribution, he complains of numbness and tingling in the ring and small finger and stiffness of those fingers. A preoperative electromyogram (EMG) and nerve conduction study did demonstrate compression at Guyon's canal and was felt that by decompressing the carpal tunnel at Guyon's canal, it would also be decompressed. The examination of the left hand and wrist was non-tender on palpation, range of motion of the fingers shows limited flexion of the ring and fifth finger of the left hand, sensation to light touch and pin prick was diminished in the ulnar nerve distribution of the left hand and left grip strength was poor. The diagnosis is left carpal tunnel syndrome stat post carpal tunnel release with good results and left ulnar tunnel syndrome with compression of the left ulnar nerve at Guyon's canal. The treatment plan is left wrist Guyon's canal release. There was no request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: one left wrist Guyon's canal release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (CTS), Carpal Tunnel Release Surgery (CTR).

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

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate that for a referral for a hand surgeon consultation, it may be appropriate for injured workers who have red flags of a serious nature, failure to respond to conservative management, or have clear clinical and specialist study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. The clinical documentation submitted for review indicated the injured worker had a left endoscopic carpal tunnel release. There was a lack of documentation of a failure of conservative care. There are no electromyograms (EMG) or MRI findings submitted for review. Given the above, the request for associated surgical services 1 left wrist Guyon's canal release is not medically necessary.