

Case Number:	CM14-0211481		
Date Assigned:	12/24/2014	Date of Injury:	12/04/2008
Decision Date:	03/05/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 68-year-old female who reported an injury on 12/04/2008. The mechanism of injury reportedly occurred from cumulative trauma. Her diagnoses included carpal tunnel syndrome. Her past treatments have included medications, physical therapy, bracing, home exercise program, and chiropractic therapy. Diagnostic studies included an unofficial x-ray of the bilateral wrists performed on 08/12/2013 with findings of radiocarpal and intercarpal articulations which were well maintained. There was no evidence of fracture or dislocation, no evidence of soft tissue calcification. The overall osseous density was satisfactory. On the carpal tunnel views, there was no evidence of bony encroachment into the carpal canals. An EMG/nerve conduction velocity study of the left upper extremity was performed on 03/11/2013, which revealed moderate left carpal tunnel syndrome. Her surgical history included a right wrist flexor tenosynovectomy, right wrist carpal tunnel release, limited internal neurolysis and magnification of median nerve performed on 11/08/2011. The patient presented on 11/06/2014 with complaints of left wrist pain. She rated her pain at a 6/10. She further complained of numbness and weakness. Upon physical examination of the left wrist, there was tenderness to palpation and a positive Tinel's sign. Range of motion upon forward bending is at 44 degrees. Radial deviation is at 14 degrees. Ulnar deviation is at 16 degrees. Her current medication regimen was not provided within the documentation submitted for review. The treatment plan included a request for a left carpal tunnel release and a follow-up in 4 to 6 weeks. The rationale for the request ongoing numbness and tingling into the middle 3 fingers and prior

negative reaction to cortisone injections. A Request for Authorization form dated 11/06/2014 was provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Carpal tunnel release with possible flexor tenosynovectomy and/or median neurolysis:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Workers Compensation TWC

MAXIMUS 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 Release, Carpal Tunnel Release Surgery.

Decision rationale: The request for left carpal tunnel release with possible flexor tenosynovectomy and/or median neurolysis is medically necessary. The injured worker has carpal tunnel syndrome. The California ACOEM Guidelines recommend surgical decompression for injured workers with moderate or severe carpal tunnel syndrome. Additionally, the guidelines state that 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 documentation submitted for review provides evidence that the patient has carpal tunnel syndrome, including a positive electrodiagnostic study and a positive Tinel's sign. Additionally, the documentation submitted for review indicates that the injured worker was previously certified for a left carpal tunnel release. Concerning the possible flexor tenosynovectomy and or median neurolysis. The Official Disability Guidelines had no recommendation for or against their use. As such, the request in its entirety is medically necessary.