MAXIMUS Federal Services

Case Number:	CM14-0216140		
Date Assigned:	01/06/2015	Date of Injury:	04/11/2014
Decision Date:	02/24/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/24/2014

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: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic Surgery

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 51-year-old female with a histroy of diabetes mellitus, with a reported date of injury of 04/11/2014. The result of the injury was bilateral hand pain.The current diagnoses includes bilateral carpal tunnel syndrome.The past diagnoses include bilateral hand overuse syndrome; sprain and strain of the carpometacarpal joint of the hand, and pain in the hand joint.Treatments have included physical therapy for the bilateral hands; an electromyography/nerve conduction study of the bilateral upper extremities, which showed severe carpal tunnel syndrome to the right hand, and mild carpal tunnel syndrome to the left hand; and Tramadol. Five (5) physical therapy reports from 04/30/2014 to 06/03/2014 were included in the medical records provided for review.The progress report (PR-2) dated 11/10/2014 indicates that the injured worker had evidence of bilateral carpal tunnel syndrome. An examination of the hands showed some generalized puffiness bilaterally, a positive Tinel's sign bilaterally, and positive Phalen's sign bilaterally. An examination of the bilateral upper extremities showed normal motor function and deep tendon reflexes, and decreased sensation to the index and middle fingers bilaterally. The injured worker's disability status as temporary partially disabled. Previous examination noted no evidence of thenar atrophy. On 12/03/2014, Utilization Review (UR) denied the request for a right hand carpal tunnel release. The UR physician noted that the clinical documentation lacks the official electromyography/nerve conduction study. The ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Hand Carpal Tunnel Release: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker is a 51 year old female with signs and symptoms of a possible bilateral carpal tunnel syndrome who has undergone conservative management of splinting, medical management and physical therapy. Steroid injection was considered but was declined given the injured worker's history of diabetes. The requesting physician states that electrodiagnostic studies show that the injured worker has severe right carpal tunnel syndrome; however, the actual report was not provided in the documentation for this review. Given that she has a history of diabetes and previous examination did not show thenar atrophy (signifying a severe condition), the electrodiagnostic studies are necessary to support the clinical condition. This is consistent with ACOEM and the UR review.Per ACOEM, Chapter 11guidelines, CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare. Positive EDS in asymptomatic individuals is not CTS. Studies have not shown portable nerve conduction devices to be effective diagnostic tools. Surgery will not relieve any symptoms from cervical radiculopathy (double crush syndrome). Likewise, diabetic patients with peripheral neuropathy cannot expect full recovery and total abatement of symptoms after nerve decompression.Thus, right carpal tunnel release is not medically necessary for this injured worker.