

Case Number:	CM15-0011762		
Date Assigned:	01/29/2015	Date of Injury:	07/19/2011
Decision Date:	03/24/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/20/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic 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 68 year old female, who sustained an industrial injury on 07/19/11 relative to a fall. She has a history of bilateral wrist surgeries. She has been diagnosed with left carpal tunnel syndrome and a ganglion cyst. Conservative treatment has included medications, physical therapy, corticosteroid injection, activity modification, H-wave, and wrist bracing. The 4/24/14 electrodiagnostic study documented moderate bilateral carpal tunnel syndrome. The primary treating physician reports from 4/21/14 through 1/9/15 documented on-going bilateral hand numbness and tingling aggravated by repetitive work duties as an administrative assistant. She was taken off work in June 2014. Phalen's and Tinel's were documented as positive on each exam. The patient was referred for surgical constant. The 9/15/14 orthopedic consult report cited bilateral hand numbness and tingling with nocturnal symptoms, and wrist pain. Physical exam documented reasonable bilateral elbow, forearm, wrist, and hand range of motion with no intrinsic or thenar atrophy. There was slight instability and tenderness of the distal radial ulnar joint to palpation and tenderness over the ulnar area. Triangular fibrocartilage stress test reproduces pain. There was decreased sensibility in the median nerve distribution. A left carpal tunnel corticosteroid injection was provided. The 10/9/14 and 10/20/14 orthopedic surgery reports documented some improvement in nocturnal symptoms with the corticosteroid injection. The patient continued to have bilateral hand numbness and tingling, and a painful mass in the palmar aspect of the wrist. Authorization was requested for left carpal tunnel release and mass excision. On 01/08/2015, Utilization Review non-certified a request for left wrist mass excision and left carpal tunnel release, noting that there was no evidence that the injured worker had

exhausted less invasive conservative treatments and that there was no recent post-treatment clinical evaluation of the injured worker that addressed the proposed surgery. MTUS, ACOEM and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel release: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Workers Compensation, Online Version, Forearm, Wrist and Hand Chapter, Indications for Surgery - Carpal Tunnel Release

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

Decision rationale: The California MTUS guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. Guideline criteria have been met. This patient presents with persistent function-limiting bilateral hand numbness and tingling with nocturnal symptoms. She reported difficulty with repetitive work duties. There was electrodiagnostic evidence of moderate bilateral carpal tunnel syndrome. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Left wrist mass excision: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Workers Compensation, Online Version, Forearm, Wrist and Hand Chapter, Surgery for Ganglion Cysts

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Forearm, Wrist & Hand: Surgery for ganglion cysts

Decision rationale: The California MTUS guidelines state that symptomatic wrist ganglia merit excision, if aspiration fails. The Official Disability Guidelines recommend surgery for ganglion cysts as an option when a cause of pain, interference with activity, nerve compression and/or ulceration of the mucous cysts. Guideline criteria have been met. This patient presents with a ganglion cyst of the left wrist that is painful. Surgical excision at the time of carpal tunnel release is reasonable. Therefore, this request is medically necessary.

