

Case Number:	CM15-0018167		
Date Assigned:	02/06/2015	Date of Injury:	04/09/2013
Decision Date:	06/29/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/30/2015

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: 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 23-year-old male, who sustained an industrial injury on April 9, 2013. The diagnoses have included L5-S1 disc herniation with left S1 radiculopathy, left foot plantar fasciitis, bilateral carpal tunnel syndrome, bilateral trigger thumb and burning eyes, both. Currently, the injured worker complains of low back pain, left leg pain, bilateral hand pain, and bilateral thumb locking and burning in the eyes. In a progress note dated December 8, 2014, the treating provider reports positive Tinel's sign, Phalen's sign bilaterally and positive median nerve compression test bilaterally and tenderness A1 pulley bilateral thumbs with positive triggering of bilateral thumbs. On December 29, 2014 Utilization Review non-certified a left carpal tunnel release, noting, American College of Occupational and Environmental Medicine and Official Disability Guidelines was cited. Documentation from 1/29/15 notes that the patient has been symptomatic for over 2 years and has failed considerable medical management for carpal tunnel syndrome including bracing, medical management and steroid injection. Examination notes positive Tinel's, positive Phalen's, and positive compression test. Recommendation is made again for left carpal tunnel release. Documentation from 8/25/14 notes the patient had previous positive electro diagnostic studies from 6/18/13 documenting mild bilateral carpal tunnel syndrome.

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) Carpal Tunnel Syndrome (updated 11/11/14), Carpal Tunnel Release Surgery (CTR).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 and 272.

Decision rationale: The patient is noted to have signs and symptoms of left carpal tunnel syndrome that has failed extensive conservative management, including bracing, medical management and steroid injection. The symptoms have persisted over 2 years. Previous electro diagnostic studies from 6/18/13 are noted to show mild bilateral carpal tunnel syndrome. Based on ACOEM, page 270 and 272, the patient has satisfied requirements for left carpal tunnel release. From page 270, CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. From Table 11-7 conservative management includes splinting, medical management and steroid injection. Based on this, left carpal tunnel release surgery should be considered medically necessary. The reason for denial was because of a lack of supporting electro diagnostic studies. This was documented in the medical records provided for this review.