

Case Number:	CM15-0110392		
Date Assigned:	06/16/2015	Date of Injury:	08/29/2013
Decision Date:	12/04/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/08/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Hand 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 33 year old male, who sustained an industrial injury on 8-29-2013. The injured worker is undergoing treatment for bilateral carpal tunnel syndrome, tennis elbow, De Quervain syndrome and ulnar neuritis. Medical records dated 4-14-2015 indicate the injured worker complains of bilateral wrist pain rated 7 out of 10 with the right worse than the left. Exam dated 2-24-2015 indicates pain is rated 7 out of 10 without medication and 3 out of 10 with medication. Physical exam of the wrists dated 4-14-2015 notes bilateral positive Tinel's and Phalen's and Finkelstein sign, decreased range of motion (ROM) and tenderness to palpation. Treatment to date has included home exercise program (HEP) and wrist splints since at least 12- 1-2014, Norco since at least 1-13-2015. Exam dated 4-14-2015 indicates electromyogram dated 9-26-2014 is suggestive of carpal tunnel syndrome. The original utilization review dated 5-26- 2015 indicates the request for right carpal tunnel release and 1st compartment release is non- certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release and 1st compartment release: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: This is a request for 2 right wrist surgeries: Right carpal tunnel release and release of the right first dorsal wrist compartment. Records provided are limited and inconsistent. Reported symptoms include the worst imaginable pain 10 over 10 in the hands, wrists and elbows. On December 19, 2014 electrodiagnostic testing the right distal median motor onset latency was 3.5 ms and sensory peak latency 3.3 ms both well within normal limits and inconsistent with a diagnosis of carpal tunnel syndrome. There is no mention of carpal tunnel corticosteroid injection. Multiple reports by the treating physician including on December 1, 2014, January 13, 2015 and February 24, 2015 mention carpal tunnel release surgery, but do not mention the first dorsal wrist compartment surgery. The California MTUS notes that constrictive first dorsal wrist compartment tendinopathy or deQuervains usually resolves with injections there is no mention of injection having been performed. At this time with symptoms not correlating well with the diagnoses for which the surgeries are recommended, the objective electrodiagnostic evidence being primarily inconsistent with a diagnosis of carpal tunnel syndrome and a lack of documented response to standard non-surgical carpal tunnel and deQuervains treatment such as injections, there is insufficient medical evidence to support the need for the requested surgeries which are determined to be unnecessary.