

Case Number:	CM15-0111491		
Date Assigned:	06/17/2015	Date of Injury:	04/02/2010
Decision Date:	07/30/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/09/2015

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 (IW) is a 62 year old male who sustained an industrial injury on 04/02/2010. He reported injury to his right upper extremity while pushing/pulling tools while cleaning in a repetitive fashion. The injured worker was diagnosed as having forearm sprain/strain, pain in limb, lumbosacral radiculopathy, and wrist tendonitis/bursitis. Treatment to date has included conservative care of medication management, splinting, activity modification, medication management, and formal physical therapy. Currently, the injured worker complains of pain, numbness, and tingling in his hands. Neurodiagnostic studies of the upper extremities revealed moderate bilateral carpal tunnel syndrome. The treatment plan included requesting permission for bilateral carpal tunnel release surgeries that would be staged to occur at two month intervals. A request for authorization is made for the following: 1. Carpal tunnel release left wrist and 2. Carpal tunnel release right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal tunnel release left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

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

Decision rationale: The patient is a 62 year old male with some signs and symptoms of bilateral carpal tunnel syndrome that has failed some conservative management of splinting, medical management, activity modification and physical therapy. Electrodiagnostic studies (EDS) are stated to support findings of a moderate bilateral carpal tunnel syndrome. A specific recent detailed examination of both hands/wrists including the presence or absence of Phalen's, Tinel's, carpal compression, etc. is lacking. Consideration for a steroid injection to help facilitate the diagnosis is lacking. From page 270, ACOEM, Chapter 11, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest postsurgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. 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." Further from page 272, Table 11-7, injection of corticosteroids into to the carpal tunnel is recommended in mild to moderate cases of carpal tunnel syndrome after trial of splinting and medication. Based on these recommendations, the lack of a consideration for a steroid injection to the carpal tunnels and the lack of a detailed hand/wrist examination, bilateral carpal tunnel release should not be considered medically necessary.

Carpal tunnel release right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

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

Decision rationale: The patient is a 62 year old male with some signs and symptoms of bilateral carpal tunnel syndrome that has failed some conservative management of splinting, medical management, activity modification and physical therapy. Electrodiagnostic studies (EDS) are stated to support findings of a moderate bilateral carpal tunnel syndrome. A specific recent detailed examination of both hands/wrists including the presence or absence of Phalen's, Tinel's, carpal compression, etc. is lacking. Consideration for a steroid injection to help facilitate the diagnosis is lacking. From page 270, ACOEM, Chapter 11, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest postsurgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. 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." Further from page 272, Table 11-7,

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