

Case Number:	CM15-0113223		
Date Assigned:	06/19/2015	Date of Injury:	03/13/2013
Decision Date:	07/21/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/11/2015

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 59 year old male, who sustained an industrial injury on 3/13/2013. The current diagnosis is bilateral carpal tunnel syndrome. According to the progress report dated 5/18/2015, the injured worker complains of bilateral hand numbness and tingling in all digits. He notes exacerbation of symptoms with gripping. The physical examination was documented as "unchanged". The current medications are Naproxen, Omeprazole, and Cyclobenzaprine. Treatment to date has included medication management, wrist braces, and electrodiagnostic testing. The plan of care includes left carpal tunnel release. Previous examination had reported positive Tinel's and Phalen's signs of the bilateral wrists. A steroid injection had been considered previously but was refused by the patient in order to see if neck surgery would improve his symptoms (which it did not).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 59 year old male with signs and symptoms of left carpal tunnel syndrome that has failed splinting, medical management and activity modification. A moderate left carpal tunnel syndrome is supported by EDS. Previously, a steroid injection appears to have been considered but refused by the patient. No further follow-up with consideration for a steroid injection has been documented. 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 electro diagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post surgery 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 electro diagnostic 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. The patient has failed some conservative management, but a recent consideration for a steroid injection has not been documented as recommended by ACOEM. Therefore, left carpal tunnel release should not be considered medically necessary.