

Case Number:	CM15-0117908		
Date Assigned:	06/26/2015	Date of Injury:	06/03/1998
Decision Date:	08/12/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/18/2015

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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand 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 61-year-old female, who sustained an industrial injury on 6/3/98. The injured worker has complaints of left hand numbness and tingling. The documentation noted that there is tenderness at the carpal metacarpal joint of the thumb. The diagnoses have included status post right carpal tunnel release; status post left thumb carpometacarpal joint excisional arthroplasty and status post interpositional arthroplasty of the left wrist scaphotrapezial joint. Treatment to date has included injections; night splints regularly bilaterally; occupational therapy and right carpal tunnel release on the right. The request was for left carpal tunnel release as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel release as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, title 8 effective July 18, 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal tunnel syndrome.

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

Decision rationale: The carpal tunnel release is not medically necessary. According to the ACOEM guidelines, Chapter 11, page 270, "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 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." This patient has mild symptoms that have actually improved with splinting. ■■■■■ office note dated 6/26/15 notes that the patient's symptoms are improved and further observation is indicated. Given that the patient continues to improve and has mild symptoms, surgery should not be medically necessary at this time.