

Case Number:	CM15-0118702		
Date Assigned:	06/29/2015	Date of Injury:	07/01/2009
Decision Date:	08/12/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/19/2015

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 (IW) is a 71-year-old female who sustained an industrial injury on 07/01/2009. She reported cumulative trauma to the left upper extremity/wrist and cervical spine from repetitive lifting of boxes. The injured worker was diagnosed as having pain in limb, and carpal tunnel syndrome, and left carpal tunnel release (04/22/2010). Treatment to date has included anterior cervical discectomy and fusion C4-5, C5-6, C6-7, neuroplasty left forearm radial nerve (02/15/2011), left carpal tunnel release (04/22/2010), an electromyogram/nerve conduction velocity (EMG/NCV) of the left upper extremity (04/24/2014), physical therapy, and medications. On 05/13/2015, the worker is seen for left elbow pain that she reports is generalized and diffuse over the posterior and medial sides of the elbow and is mild to moderate in intensity. Other symptoms include or have included numbness and tingling or swelling. The prior treatment for this has been non-steroidal Anti-Inflammatory drugs and surgery. The worker also presents with left wrist pain. The pain is described as a dull achy soreness that is generalized and diffuse over the entire wrist. The pain severity is moderate and the symptoms are gradually worsening. The worker also presents with left hand numbness. The pain is localized in the ulnar nerve distribution and is made worse with power grip activities, when sleeping, and/or at the end of the day. Pain severity is moderate. Prior treatment included rest, ice, non-steroidal anti-inflammatory drugs, night splints, B12 vitamin supplement and steroid injections. Treatment has been somewhat helpful but has not significantly changed the symptoms. On examination the left elbow has no deformity or soft tissue swelling, it has no tenderness, crepitation, or warmth. Strength is good. Tinel's sign is a positive over the cubital tunnel and produces tingling on the

ulnar side of the hand. The left wrist and hand also has no deformity, erythema, soft tissue swelling, joint effusion, ecchymosis or atrophy. On palpation, there is no tenderness, crepitance, warmth or palpable deformity. Range of motion is good. Wrist strength is slightly diminished, and Phalen's sign at the wrist is equivocal. An EMG/NCV study performed on 05/06/2015 found moderate carpal tunnel syndrome on the right, and severe carpal tunnel syndrome on the left. A request for authorization is made for the following: Outpatient left carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left carpal tunnel release: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The repeat carpal tunnel release is 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 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." This patient continues to have significant symptoms of carpal tunnel syndrome, an exam consistent with carpal tunnel syndrome and positive electro diagnostic studies for median nerve compression. She appears to have recurrent carpal tunnel syndrome, a recognized complication of carpal tunnel release. Re-release is indicated to try to alleviate her symptoms. Per the ACOEM guidelines, carpal tunnel release is medically necessary.