

Case Number:	CM15-0120604		
Date Assigned:	07/01/2015	Date of Injury:	01/20/2014
Decision Date:	07/31/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/22/2015

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 47 year old male who sustained an industrial injury on January 20, 2014. He has reported injury to the left hand wrist, left forearm, left elbow, left shoulder, and cervical spine and has been diagnosed with contusion of the forearm, crushing injury of the forearm, other affections shoulder region, chronic pain syndrome, carpal tunnel syndrome, lesion of the ulnar nerve, sprain strains of the neck, mononeuritis arm CT, and cervicobrachial syndrome. Treatment has included medications, bracing, rest, TENS unit, physical therapy, and injections. There was mild tenderness in the mid wrist and dorsal wrist. Tenderness extends up to the dorsal compartment. There was tenderness in the medial epicondyle with slight in the lateral epicondyle. There was tenderness to the left shoulder and cervical spine. The treatment request included left carpal tunnel release. Qualified medical re-evaluation dated 3/16/15 notes that previous EDS (electrodiagnostic studies) have been stated to have been read as a normal study. Repeat electrodiagnostic studies are recommended to rule out a double crush syndrome.

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.

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 47 year old male with signs and symptoms of a possible left carpal tunnel syndrome that has failed conservative management of NSAIDs, splinting and activity management. However, previous EDS are stated to be consistent with a normal study. Previous recommendation was made for repeat EDS studies to evaluate for possible double crush syndrome. No follow-up EDS were documented. In addition, no documentation had been provided for consideration for a steroid injection of the left carpal tunnel. 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 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 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. As previous EDS are reported to be normal and that a consideration for a steroid injection to facilitate the diagnosis had not been provided, left carpal tunnel release for this patient is not medically necessary. If repeat EDS are positive or if the patient has a positive response from a carpal tunnel steroid injection, then this could be reconsidered.