

Case Number:	CM15-0125864		
Date Assigned:	07/10/2015	Date of Injury:	04/01/2013
Decision Date:	08/11/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/30/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51 year old female with an April 1, 2013 date of injury. A progress note dated May 11, 2015 documents subjective complaints (right wrist pain rated at a level of 6/10; neck pain rated at a level of 9/10; bilateral arm pain rated at a level of 9/10; left elbow pain rated at a level of 7/10 with numbness; occasional left hand/wrist pain rated at a level of 8/10), objective findings (Jamar kilograms at 3-2-1 on the right and 2-2-1 on the left; muscle guarding of the trapezius musculature; tenderness to palpation along the olecranon but no soft tissue swelling; restricted range of motion of the right hand with some swelling), and current diagnoses (status post left carpal tunnel release with residuals including post-traumatic stiffness; status post right carpal tunnel release on January 26, 2015; cervical strain with degenerative disc disease, rule out cervical radiculopathy; left shoulder subacromial impingement syndrome; left olecranon and triceps tendinitis). Treatments to date have included bilateral carpal tunnel release, electromyogram/nerve conduction velocity study of the bilateral upper extremities (September 11, 2014; showed moderate bilateral carpal tunnel syndrome), magnetic resonance imaging of the left wrist (April 2, 2015; showed mild effusion in the radiocarpal and ulna carpal joints and surrounding the triangular fibrocartilage), medications, and occupational therapy. The treating physician documented a plan of care that included right endoscopic carpal tunnel release versus open.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endoscopic right carpal tunnel release vs. open: 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): 260-270. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed., Chapter 30 - Compressive Neuropathies, Surgery for Previously Failed Procedures, pages 1009-1010.

Decision rationale: This is an unusual request for right carpal tunnel surgery in a patient who underwent such surgery by the same surgeon 6 months ago. Reported symptoms are diffuse and only a minority could be attributed to carpal tunnel syndrome. There is no documentation of electrodiagnostic testing since the apparently failed January 26, 2015 surgery. Surgery for previously failed procedures is beyond the scope of the California MTUS, but is discussed in the specialty text referenced. Records reviewed provide no rationale for the surgery to be performed again. It is unlikely the same surgeon performing the same surgery for the same symptoms a second time will result in substantial improvement such as return to work. The request for repeat right carpal tunnel decompression surgery is not medically necessary.