

Case Number:	CM15-0126256		
Date Assigned:	07/10/2015	Date of Injury:	07/22/2014
Decision Date:	08/06/2015	UR Denial Date:	06/24/2015
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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic 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 27 year old male, who sustained an industrial injury on 7/22/2014. He reported laceration to his right wrist. The injured worker was diagnosed as having right wrist laceration with injury to the radial artery, radial nerve, and flexor carpi radialis tendon, right carpal tunnel syndrome, acute exacerbation, now status post endoscopic carpal tunnel release, left carpal tunnel syndrome (worsened with increased left hand use), and right radial sensory neuroma versus nerve entrapment in scar. Treatment to date has included operative repair to his radial artery, radial sensory nerve, and flexor carpi radialis tendon in 7/2014, endoscopic right carpal tunnel release, left carpal tunnel steroid injection, and medications. Subsequent to the right repair surgery he developed a burning discomfort in the radial nerve distribution, as well as signs concerning for regional pain syndrome. Currently, the injured worker complains of left carpal tunnel symptoms, including pain and parasthesias. Exam of the left hand noted positive Tinel and Phalen signs. Exam of the right hand noted tenderness to palpation over the forearm, primarily with percussion over the radial nerve, positive Tinel's over hand dorsum, and reduced sensation in the median nerve distribution. The treatment plan included left endoscopic carpal tunnel release, right radial nerve neurolysis nerve wrap, and possible neuroma excision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible Neuroma Excision: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm.

Decision rationale: CA MTUS/ACOEM is silent on neuroma excision. ODG forearm is referenced. Neuroma excision is indicated after failure of 3 months of appropriate therapies including: active and passive range of motion, adaptive modalities including TENS, contrast baths, & hydrotherapy. Once these treatments have failed, surgical treatment can include excision, re-implantation into muscle or bone or simple neurolysis. In this case the request is to treat the nerve with the appropriate surgical treatment based on intraoperative decision. The worker has failed more than 3 months of appropriate non-surgical treatments. The request is medically necessary.

Left endoscopic carpal tunnel release: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case, there is lack of evidence in the records from 3/26/2012 and 3/5/2015 of electrodiagnostic evidence of carpal tunnel syndrome. In addition, there is lack of evidence of failed bracing or injections in the records. Therefore, the determination is for non-certification. Per ODG The Official Disability Guidelines were also referenced for more specific recommendations. According to the Official Disability Guidelines regarding surgery for carpal tunnel syndrome, "Recommended after an accurate diagnosis of moderate or severe CTS. Surgery is not generally initially indicated for mild CTS unless symptoms persist after conservative treatment. Severe CTS requires all of the following: Muscle atrophy, severe weakness of thenar muscles, 2-point discrimination test greater than 6 mm and positive electrodiagnostic testing. Not severe CTS requires all the following: Symptoms of pain, numbness, paresthesia, impaired dexterity requiring two of the following: Abnormal Katz hand diagram scores, nocturnal symptoms, Flick sign (shaking hand); findings by physical exam, requiring two of the following including compression test, Semmes-Weinstein monofilament test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, mild thenar weakness, (thumb adduction); co-morbidities of no current pregnancy; initial conservative treatment requiring three of the following: Activity modification greater than or equal to one month, night wrist splint greater than or equal to one month, nonprescription analgesia (i.e. acetaminophen), home exercise training (provided by physician, healthcare provider or therapist)

or successful initial outcome from corticosteroid injection trial (optional) and positive electrodiagnostic testing." In this case there is insufficient evidence of carpal tunnel syndrome and failure of conservative management as stated above. There is insufficient evidence of abnormal hand diagram scores, nocturnal symptoms, decreased two-point discrimination or thenar weakness to warrant surgery. The request is not medically necessary.

Right radial nerve neurolysis nerve wrap: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm.

Decision rationale: CA MTUS/ACOEM is silent on neuroma excision. ODG forearm is referenced. Neuroma excision is indicated after failure of 3 months of appropriate therapies including: active and passive range of motion, adaptive modalities including TENS, contrast baths, & hydrotherapy. Once these treatments have failed, surgical treatment can include excision, re-implantation into muscle or bone or simple neurolysis. In this case, the request is to treat the nerve with the appropriate surgical treatment based on intra-operative decision. The worker has failed more than 3 months of appropriate non-surgical treatments. The request is medically necessary.