

Case Number:	CM15-0126345		
Date Assigned:	07/10/2015	Date of Injury:	03/11/2014
Decision Date:	08/11/2015	UR Denial Date:	06/16/2015
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: 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:

This is a 57 year old female with a March 11, 2014 date of injury. A progress note dated May 20, 2015 documents subjective complaints (persistent, moderate to severe pain in the right upper extremity extending to the wrist and hand with associated numbness and tingling sensations; moderate to severe pain in the left wrist and left thumb with tingling sensations and numbness; pain in the right shoulder and right arm), objective findings (tenderness elicited with palpation of the bilateral hands; spastic activity also noted), and current diagnoses (chronic trigger thumb, bilaterally; bilateral carpal tunnel syndrome). Treatments to date have included electromyogram/nerve conduction velocity study (August 27, 2014; showed evidence of right carpal tunnel syndrome), physical therapy, and imaging studies. The treating physician documented a plan of care that included left carpal tunnel release. Evaluation from 2/24/15 noted the patient had a left thumb trigger finger. Examination of the left hand noted sensation is intact to light touch in all digits. There is no thenar atrophy. She is noted to be allergic to cortisone injections. Documentation from 3/11/15 noted that the patient had bilateral Tinel's signs of the hand/wrist present and that previous EDS from 8/27/14 noted right carpal tunnel syndrome. Examination from 4/8/15 and 4/27/15 noted evidence of thenar atrophy bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Wrist Carpal Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2014, Carpal Tunnel Syndrome.

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 57 year old female with some signs and symptoms of left carpal tunnel release including positive Tinel's and thenar atrophy that has failed some conservative management of physical therapy, activity modification and medical management. She is unable to undergo steroid injections due to a stated allergy. Previous electrodiagnostic studies are only stated to show evidence of a right carpal tunnel syndrome. The patient has not been documented to have undergone bracing. 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 are 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 the patient does not have a well-defined clinical picture of left carpal tunnel syndrome that is supported by EDS, left carpal tunnel release in this request is not medically necessary.