

Case Number:	CM15-0175170		
Date Assigned:	09/16/2015	Date of Injury:	08/02/2013
Decision Date:	10/26/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/04/2015

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:

The injured worker is a 57 year old male, who sustained an industrial injury on 8-02-2013. The injured worker was treated for carpal tunnel syndrome. Treatment to date has included diagnostics. Currently (8-19-2015), the injured worker complains of "persistent bilateral carpal tunnel syndrome." He also complained of pain and tenderness over the left pronator area, had resisted forearm pronation, worsened numbness, tingling, and burning pain along the median nerve distribution. Unspecified "further treatment options were discussed" and the injured worker chose surgical intervention. A physical examination was not documented on 8-19-2015. Current medication regimen and-or recent conservative failed treatments were not noted. Electromyogram and nerve conduction studies (3-2015) showed normal electromyogram of the upper limbs and were compatible with a chronic left median neuropathy at the level of the elbow, without conduction block, noting an impression of bilateral carpal tunnel syndrome, severe. X-ray of the left wrist (5-2015) showed post-operative features with internal fixation plate and multiple screws on the volar side at the distal end of the radius, no evidence of loosening, and slight degenerative change at the radiocarpal joint. Work status was not noted. The treatment plan included a left redo carpal tunnel release, median nerve block flexor synovectomy, possible median nerve internal neurolysis, and possible hypothenar fat flap, non-certified by Utilization Review on 8-26-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left redo carpal tunnel release, median nerve block flexor synovectomy, possible median nerve internal neurolysis, possible hypothenar fat flap: Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed Chapter 30, Compression Neuropathies.

Decision rationale: This is a request for wrist multiple surgeries in an individual who has already undergone multiple failed wrist surgeries. Records provided are very limited and the treating physician's notes are vague and inconsistent with the request for authorization. For example, a progress report of August 19, 2015 notes, "I will go ahead and schedule him for the left median neuroplasty at the wrist and elbow, respectively, and all associated procedures." The request for authorization does not include median neuroplasty at the elbow and some of the additional surgeries mentioned on the request for authorization such as flexor synovectomy and internal neurolysis have been shown to be ineffective in the treatment of carpal tunnel syndrome (these additional proposed surgeries are unusual and not covered in the California MTUS, but discussed in the specialty text referenced). Therefore, there is insufficient information provided to support the need for surgery, some of the requested surgeries are unnecessary and therefore the combined request for multiple surgeries is not medically necessary.