

Case Number:	CM15-0178290		
Date Assigned:	09/18/2015	Date of Injury:	04/06/2013
Decision Date:	10/22/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/10/2015

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 50 year old female, who sustained an industrial injury on 4-6-2013. She reported injury to the upper extremity after moving a dresser. Diagnoses include bilateral carpal tunnel syndrome and right shoulder rotator cuff tear, status post right shoulder arthroscopy and status post right carpal tunnel release in May 2015. Treatments to date include activity modification, Nabumetone, Norco, and post-operative physical therapy for the shoulder. Currently, she complained of ongoing right shoulder pain, status post recent right shoulder surgery. Post-operative physical therapy had been initiated and the arm was in a sling. On 6-30-15, the physical examination documented a positive Phalen's test and positive Tinel's test with decreased flexion and decreased extension of the left wrist. The plan of care included to refill all medications. The appeal requested authorization of a left carpal tunnel release. The Utilization Review dated 8-12-15, denied the request indicating failure of the available medical records to include documentation of conservative care including wrist braces, physical therapy, or injection, per the California MTUS Guidelines. Documentation from 3/14/15 noted numbness and tingling in the median nerve distribution bilaterally. She is noted to have tried splinting and NSAIDs previously (exact timing is not specified). Examination noted bilateral positive Phalen's and Tinel's, with moderate thenar atrophy (laterality not specified). EMG studies are noted to have been performed on 8/1/14, bilateral carpal tunnel syndrome is stated (severity not specified). Conservative management of the left hand complaints include medical management and activity modification. The patient is noted to have undergone a right carpal tunnel release on May 6th, 2015. Examination on 5/28/15 noted that the patient is s/p right carpal tunnel release.

She has positive Tinel's and Phalen's on the left wrist. Thenar atrophy was not specifically noted.

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 Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations, Summary.

Decision rationale: The patient is a 50 year old female with signs and symptoms of a possible left carpal tunnel syndrome that has failed some conservative management of medical management and activity modification. However, a recent trial of splinting and a consideration for a steroid injection was not documented. Electrodiagnostic studies were only stated to have been performed on 8/1/14; the severity of the findings was not documented. On examination dated 3/14/15, the patient was noted to have moderate thenar atrophy, but the laterality was not specified. More recent documentation did not state findings of thenar atrophy. Therefore, without a recent trial of recommended conservative management and that the patient is not adequately documented to have a severe condition (as the EDS study results were not specific/or not provided), left carpal tunnel release should not be considered medically necessary. 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.