

Case Number:	CM15-0027598		
Date Assigned:	02/19/2015	Date of Injury:	03/15/2001
Decision Date:	04/01/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/13/2015

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 66 year old female who sustained an industrial injury on 03/15/01. She reports pain in the volar aspects of both wrists, right worse than left. The diagnosis is carpal tunnel syndrome, right worse than left. Treatments to date include medications and bracing. Examination details supportive evidence for carpal tunnel syndrome. In a progress note dated 01/15/15 the treating provider recommends right carpal tunnel release. Electrodiagnostic studies document a severe condition. On 02/06/15 Utilization Review non-certified the surgery, citing MTUS guidelines. The patient 'will require approval from her OMD before moving forward with the surgery.'

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The patient is a 66 year old female with signs and symptoms of probable severe right carpal tunnel syndrome confirmed by electrodiagnostic studies. Given the severity of the condition, normal conservative management is not indicated (page 265 as documented below). Thus, carpal tunnel release in this patient should be considered medically necessary. The UR stated that because the patient had non-industrial health conditions that 'previously was found not to be fit for surgical treatment,' carpal tunnel release should not be considered medically necessary. The medical documentation supports that the procedure should be considered medically necessary. Prior to the procedure, it is the responsibility of the treating surgeon to ensure that the patient is fit. This can be accomplished with a history and physical examination, that can then direct further testing. From ACOEM, page 270, CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. From page 265 CTS may be treated for a similar period with a splint and medications before injection is considered, except in the case of severe CTS (thenar muscle atrophy and constant paresthesias in the median innervated digits).