

Case Number:	CM15-0046529		
Date Assigned:	04/14/2015	Date of Injury:	11/01/2013
Decision Date:	05/18/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/11/2015

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 45-year-old female, who sustained an industrial injury on 11/1/13. She reported bilateral wrist and hand pain. The injured worker was diagnosed as having bilateral carpal tunnel syndrome. Treatment to date has included wrist braces, right median nerve block, physical therapy, massage, and ice/heat application. A physician's report dated 2/5/15 noted electromyogram/nerve conduction studies did not demonstrate carpal tunnel syndrome. Currently, the injured worker complains of pain in bilateral wrists associated with weakness and numbness in bilateral hands. The treating physician requested authorization for an outpatient right carpal tunnel release. A re-evaluation dated 3/31/15 notes progression of the right sided symptoms and a previous positive but temporary response from a median nerve block at the wrist. A recommendation was made for further electrodiagnostic studies. Previous electrodiagnostic studies from 11/6/14 reported a normal study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Right Carpal tunnel release: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 and 261.

Decision rationale: The patient is a 45-year-old female with signs and symptoms of possible right carpal tunnel syndrome that has failed conservative management including bracing, medical management and steroid injection. However, previous electrodiagnostic studies were reported as normal. On re-evaluation following non-certification of the right carpal tunnel release, the patient is noted to have progression of her symptoms and a recommendation was made for repeat electrodiagnostic studies. From page 270, Chapter 11, ACOEM, 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. Based on these guidelines, right carpal tunnel release in this patient should not be considered medically necessary, as electrodiagnostic studies report normal findings. Repeating the electrodiagnostic studies appears appropriate as recommended. From page 261, 'If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist.' If these studies continue to show normal findings, a consideration could be made for surgical intervention due to the fact that there can be a false negative rate related to electrodiagnostic studies. The request IS NOT medically necessary.