

Case Number:	CM15-0063538		
Date Assigned:	04/09/2015	Date of Injury:	08/13/2012
Decision Date:	06/11/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/03/2015

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: Minnesota, Florida
Certification(s)/Specialty: Orthopedic 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 54 year old female, who sustained an industrial injury on 08/13/2012. The injured worker was diagnosed as having carpal tunnel syndrome, degeneration of lumbar intervertebral disc, thoracic outlet syndrome, chronic pain, disorder of shoulder, cervical spondylosis, radial styloid tenosynovitis, degeneration of cervical intervertebral disc and myofascial pain. Treatment to date has included MRI, electrodiagnostic testing, therapy and medications. According to a progress report dated 03/16/2015, the injured worker had decided to pursue bilateral carpal tunnel decompression. She complained of bilateral neck pain with radiation of pain to both shoulders and numbness in the right upper extremity. The provider requested authorization for a bilateral carpal tunnel decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Carpal tunnel surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Per progress notes dated January 22, 2015, the IW is a 54-year-old right-hand-dominant female with ongoing bilateral upper extremity complaints following an injury on August 13, 2012. There is a long history of cervical spine complaints. The notes indicate that she had undergone nerve conduction studies in the past. She was complaining of pain in both hands. On examination, there was full range of motion. Tinel's and Phalen's were negative bilaterally. She did not have any numbness, tingling, or other classic symptoms of carpal tunnel syndrome. Progress notes dated 4/6/2015, indicate that she had a follow-up with the hand surgeon and he did not believe carpal tunnel release would help the patient. Examination revealed normal range of motion of the shoulder, elbow, wrist and hand bilaterally. Motor strength was normal. California MTUS Guidelines indicate surgical considerations for carpal tunnel syndrome depend on the confirmed diagnosis of the presenting hand or wrist complaint, with failure to respond to conservative management and clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long-term from surgical intervention. Surgical decompression of the median nerve usually relieves carpal tunnel syndrome symptoms in the majority of patients with an electrodiagnostically confirmed diagnosis of carpal tunnel syndrome. Carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. In this case, the documentation provided does not include a clear clinical diagnosis of carpal tunnel syndrome. Nerve conduction studies have not been submitted. As such, the request for a carpal tunnel release is not supported by guidelines and the medical necessity of the request has not been substantiated. Therefore, the request is not medically necessary.