

Case Number:	CM15-0073073		
Date Assigned:	04/23/2015	Date of Injury:	01/10/2013
Decision Date:	05/20/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/16/2015

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 56 year old male, who sustained an industrial injury on January 10, 2013. He reported pain and numbness in the bilateral hands and left elbow pain. The injured worker was diagnosed as having status post-surgery for a fracture of the left elbow with residual weakness of the left upper extremity, bilateral moderate carpal tunnel syndrome and non-steroidal anti-inflammatory induced gastritis. Treatment to date has included diagnostic studies, surgical intervention of the left elbow fracture, bilateral wrist braces, conservative care, medications and work restrictions. Currently, the injured worker complains of pain and numbness in the bilateral hands and left elbow pain with associated depression. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. He reported an injury at work resulting in a left elbow fracture requiring surgical intervention. Since that time he developed the above noted pain with associated symptoms. Evaluation on January 20, 2015, revealed continued pain. Bilateral carpal tunnel release was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral carpal tunnel release: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 and 272.

Decision rationale: The patient is a 56-year-old male with signs and symptoms of bilateral carpal tunnel syndrome that has failed conservative management of NSAIDs, bracing and multiple steroid injections. His condition is supported by electrodiagnostic studies, which document moderate bilateral carpal tunnel syndrome. Based on ACOEM, Chapter 11, page 270 and 272, the patient has satisfied medically necessary criteria for bilateral carpal tunnel release. From 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 272, initial management includes bracing and medical management followed by steroid injection for mild to moderate cases of carpal tunnel syndrome. The patient has undergone bracing and medical management, as well as multiple bilateral steroid injections. Therefore, based on the entirety of the medical record, bilateral carpal tunnel release should be considered medically necessary. The UR review states that a response to a right steroid injection from 3/3/15 was not documented and that 'In regards to the left wrist, there is no documentation of electrodiagnostic studies or a glucocorticoid injection supporting a left wrist carpal tunnel release.' Based on the medical records available for this review, this has been satisfied. The patient has documented bilateral moderate carpal tunnel syndrome from previous electrodiagnostic studies from 5/3/13 and has undergone multiple bilateral carpal tunnel steroid injections. Although a response from the most recent steroid injection was not documented, there have been previous responses to steroid injections that have failed to resolve the bilateral carpal tunnel syndrome. The medical records for this review may not have been available for the UR review. The request above is medically necessary.