

Case Number:	CM15-0073162		
Date Assigned:	04/23/2015	Date of Injury:	09/18/2014
Decision Date:	06/26/2015	UR Denial Date:	03/26/2015
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 9/18/14. He reported initial complaints of upper extremities injury. The injured worker was diagnosed as having other tenosynovitis of hand. Wrist; carpal tunnel syndrome; closed fracture metacarpal bone; lateral epicondylitis elbow; loose body upper arm joint; osteoarthritis, unspecified generalized/localized, pelvic region/thigh. Treatment to date has included physical therapy; bracing; CT scan of bilateral hands (no report or date); medications. Currently, the PR-2 notes dated 3/12/15 indicate the injured worker is at the office on this date for the evaluation of his right wrist pain. The pain is described as tingling and numbness with pain levels noted as 7/10 with frequency of 76-99% of the time, constant duration. The pain is better with shaking the hand and aggravated by writing, sleeping. He also claims to be experiencing numbness and pain in the left hand. There have been no changes since previous visit on 2/18/15. Examination reveals positive Flick's sign and right upper extremity is with normal alignment, normal range of motion but the left upper extremity notes numbness in the left hand median distribution with positive Tinel's test at carpal tunnel. It is also noted that the left wrist fascia is very tight. Notes document injured worker experiences sharp pain on the dorsal right hand over the left MP joint worse with gripping. He has completed 6 sessions of occupations therapy and 6 sessions of acupuncture for the left hand with no relief. He has tried NSAIDs and brace on the left hand. There was an EMG/NCV left hand done on 12/2014 but there are no results or discussion submitted. The provider has requested a Left carpal tunnel release with possible tenosynovectomy, assistant surgeon, short arm splint and medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Carpal Tunnel Release with possible tenosynovectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient is a 56 year old male with signs and symptoms of left carpal tunnel syndrome that has failed conservative management of bracing and NSAIDs. Electrodiagnostic studies were reported as being completed in 12/2014, but the requesting surgeon had not received the results and the results were not provided in the documentation provided. 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. As the EDS had not been provided or reviewed by the requesting surgeon, left carpal tunnel release should not be considered medically necessary.

Assistant surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Short arm splint: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Medical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.