

Case Number:	CM15-0073754		
Date Assigned:	04/21/2015	Date of Injury:	09/29/2011
Decision Date:	05/20/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/01/2015

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 58 year old male who sustained an industrial injury on 9/29/11. He has reported initial complaints of bilateral wrist pain and numbness due to injury while working repetitive duties. The diagnoses have included lumbar spine Herniated Nucleus Pulposus (HNP), cervical spine Herniated Nucleus Pulposus (HNP) and bilateral wrists carpal tunnel syndrome. Treatment to date has included medications, chiropractic, acupuncture, and shockwave therapy. The diagnostic testing that was performed included electromyography (EMG)/nerve conduction velocity studies (NCV) of the bilateral upper extremities and lower extremities. Currently, as per the physician progress note dated 2/17/15, the documents submitted were difficult to decipher. It appears as if the note documents to follow up with ortho and to continue with medications and pain management. The objective findings revealed lumbosacral tenderness. It appears that the documentation states that the bilateral wrists have positive Tinel's and positive pain over the right volar area. The physician requested treatment included bilateral carpal tunnel release. Electrodiagnostic studies from 9/26/14 note possible C5-6, and C7-T1 radiculopathies and denervation of bilateral abductor pollicis brevis and abductor digiti minimi muscles. The findings are consistent with bilateral moderate-severe carpal tunnel syndrome. Conservative management has included physical therapy, NSAIDs and activity modification. The patient is noted to have symptoms of bilateral carpal tunnel syndrome and positive Tinel's and Phalen's bilaterally at the wrist.

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: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265 and 270.

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 58 year old male with signs and symptoms of bilateral carpal tunnel syndrome that are supported by electrodiagnostic studies that document a moderate to severe condition with evidence of denervation of a muscle supplied by the median nerve. In addition, the patient has evidence of a possible cervical radiculopathy that is contributing to his condition. Based on this, the patient should be considered to have severe carpal tunnel syndrome and the usual conservative management should not be applicable. From Chapter 11, page 270, Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature. Fail to respond to conservative management, including worksite modifications. Have 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. The patient has red flags of a serious nature, with possible severe carpal tunnel syndrome and denervation of a median nerve innervated muscle. Further 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. The patient satisfies this recommendation. In addition, from page 272, conservative management of steroid injection following medical management and splinting is recommended for mild to moderate cases of carpal tunnel syndrome, not severe carpal tunnel syndrome. Therefore, based on the entirety of the medical record, the patient has signs and symptoms of severe bilateral carpal tunnel syndrome that is supported by electrodiagnostic studies and should be considered medically necessary. The patient has a possible cervical radiculopathy (double crush syndrome) and thus, the patient may not have adequate improvement in his symptoms but should help to protect further muscle injury from the carpal tunnel syndrome. He may require intervention from his radiculopathy as well. The UR review based its determination on lack of electrodiagnostic studies confirming carpal tunnel syndrome, lack of conservative management and lack of recent notes documenting clinical findings of carpal tunnel syndrome. Based on the medical records supplied for this review, this was satisfied and reasoning given for not completing conservative management was based on the likely severe condition. The request is medically necessary.