

Case Number:	CM15-0074222		
Date Assigned:	04/24/2015	Date of Injury:	03/04/2003
Decision Date:	06/11/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/18/2015

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(n) 56-year-old female, who sustained an industrial injury on 3/4/03. She reported pain in the bilateral wrists. The injured worker was diagnosed as having status post right carpal tunnel release, bilateral carpal tunnel syndrome and cervical sprain. Treatment to date has included an EMG/NVC study of the upper extremities and NSAIDs. On 10/15/14, the injured worker reported 5/10 pain in her hands that radiates to the elbows. As of the PR2 dated 2/4/15, the injured worker reports pain in the middle finger of both right and left hand. She rates her pain a 6/10 and has difficulty bending fingers due to swelling. The treating physician noted a positive Tinel's sign, weakness and numbness bilaterally. The treating physician requested a left carpal tunnel release surgery. Signs and symptoms has included left sided numbness and tingling, as well as a positive Phalen's and Tinel's signs. She complains of nighttime symptoms that awaken her at night. Stated electrodiagnostic studies from 9/26/14 noted moderate left carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel release: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 270 and 272.

Decision rationale: The patient is a 56-year-old female with signs and symptoms of a possible left carpal tunnel syndrome. Electrodiagnostic studies are stated to support a moderate left carpal tunnel syndrome. Conservative management has included NSAIDs. There was insufficient documentation of other conservative management including splinting and consideration for a steroid injection. From ACOEM, Chapter 11, page 270, 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. In addition, from page 272, for mild to moderate cases of carpal tunnel syndrome, recommendations are for splinting and NSAIDs followed by steroid injection. Based on the documentation provided for review, conservative management of splinting and consideration for steroid injection has not been documented. Therefore, left carpal tunnel release should not be considered medically necessary.