

Case Number:	CM15-0090447		
Date Assigned:	05/14/2015	Date of Injury:	10/10/2014
Decision Date:	06/16/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/11/2015

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 34 year old female, who sustained an industrial injury on 10/10/14. She reported numbness and tingling in both hands and wrists every morning. The injured worker was diagnosed as having sprain/strain of wrist, strain/sprain of hand, anxiety dissociative and somatoform disease and bilateral carpal tunnel syndrome. Treatment to date has included oral medications (NSAIDs), injections, acupuncture, bracing and activity restrictions. (MRI) magnetic resonance imaging of right wrist performed on 12/17/14 revealed diffuse areas of decreased signal intensity in carpal bones compatible with mild osteonecrosis. Currently, the injured worker complains of tingling of fingers of right hand. Physical exam noted tenderness of right hand/wrist. Previous examination had noted numbness in the median nerve distribution and positive Tinel's signs. The treatment plan included wrist splint, chiropractic treatment, acupuncture and carpal tunnel release. Electrodiagnostic studies report findings consistent with a moderate right carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Wrist Carpal Tunnel Surgery: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 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 34 year old female with signs and symptoms of right carpal tunnel syndrome that is supported by EDS and has failed extensive conservative management of splinting, activity modification, physical therapy, NSAIDs and injections. 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 postsurgery 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." Further from page 272, Table 11-7, injection of corticosteroids into to the carpal tunnel is recommended in mild to moderate cases of carpal tunnel syndrome after trial of splinting and medication. Therefore, based on ACOEM guidelines, right carpal tunnel release should be considered medically necessary. UR review stated that there were no documented conservative measures. This was adequately documented in the medical records provided for this review. The UR also stated that there was significant osteonecrosis of the carpal bones. However, the MRI report only noted a mild condition and previous X-rays did not report abnormality.