

Case Number:	CM15-0092464		
Date Assigned:	05/19/2015	Date of Injury:	08/07/2008
Decision Date:	06/22/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/13/2015

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 40 year old female, who sustained an industrial injury on August 7, 2008. Treatment to date has included right endoscopic carpal tunnel release. Currently, the injured worker complains of progressive pain and numbness in the left wrist and fingers, primarily the thumb, index and middle fingers. On physical examination, the injured worker has positive Tinel's, Phalen's and compression tests on the left. Her grip strength is 4/5 and she reports diminished sensation along the median nerve distribution on the left hand. No atrophy was found. The injured worker is able to work her full work duties. The Diagnoses associated with the request include bilateral carpal tunnel syndrome. The treatment plan includes left wrist endoscopic carpal tunnel release, pre-operative medical clearance to include laboratory evaluation and electrocardiogram and post-operative physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Endoscopic Carpal Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability

Guidelines Treatment for Workers' Compensation (ODG-TWC), Online edition, Carpal Tunnel Syndrome Chapter, Carpal Tunnel Release Surgery (CTR).

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 40 year old female with signs and symptoms of a possible left carpal tunnel syndrome. Conservative management has included medical management and consideration for physical therapy and acupuncture. Bracing and consideration for a steroid injection to facilitate the diagnosis has not been documented. Apparently, electrodiagnostic studies were not authorized. 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. Further from page 272, Table 11-7, injection of corticosteroids into the carpal tunnel is recommended in mild to moderate cases of carpal tunnel syndrome after trial of splinting and medication. Overall, there is a lack documentation of recommended conservative management to include bracing and a consideration for steroid injection for mild or moderate carpal tunnel syndrome. From the documentation, there is no evidence of a severe condition. Therefore, a left carpal tunnel release should not be considered medically necessary.

Post-op Physical Therapy 2x6 weeks, left wrist: 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.