

Case Number:	CM15-0097948		
Date Assigned:	05/29/2015	Date of Injury:	10/24/2013
Decision Date:	07/07/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/20/2015

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 32 year old female, who sustained an industrial injury on 10/24/13. She reported pain and numbness in both her hands related to cumulative trauma. The injured worker was diagnosed as having left carpal tunnel syndrome and left cubital tunnel syndrome. Treatment to date has included an EMG/NCV study, occupational therapy, a steroid injection to the carpal tunnel with temporary relief and NSAIDs. As of the PR2 dated 4/29/15, the injured worker reports numbness and paresthesia on the left side and pain in the right elbow. Objective findings include full range of motion and a positive Tinel's and Phalen's test. The treating physician requested carpal tunnel release for the left hand, cubital tunnel release for the left elbow, pre-operative medical clearance, post-operative splint and post-operative occupational therapy 3 x weekly for 4 weeks. Conservative management of the left carpal tunnel syndrome has included a previous steroid injection, splinting and NSAIDs. She was noted to have had a complication from the steroid injection, including hyperpigmentation and hyperglycemia. EDS studies were stated to show evidence of bilateral carpal tunnel syndrome and left cubital tunnel syndrome. She was recommended for conservative management of her cubital tunnel syndrome with elbow pads and therapy. Documentation from 2/26/15 noted that her symptoms had improved and that she no longer wished to proceed with surgical treatment of the left wrist and elbow. Documentation from 4/29/15 noted that she can opt to proceed for surgical treatment of the left carpal tunnel left cubital tunnel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal Tunnel Release, left hand: Upheld

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 32 year old female with signs and symptoms of left carpal tunnel syndrome that is supported by electrodiagnostic studies (EDS). Conservative management has been documented to include NSAIDs, splinting and steroid injection. However, it appears that the patient's symptoms had improved from 2/26/15 and that she no longer wanted to undergo surgical treatment. This does not appear to have changed from the most recent evaluation dated 4/29/15. Therefore, left carpal tunnel release should not be considered medically necessary. 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 to the carpal tunnel is recommended in mild to moderate cases of carpal tunnel syndrome after trial of splinting and medication

Cubital Tunnel Release, left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 18, 19 and 37.

Decision rationale: The patient is a 32 year old female with signs and symptoms of possible left cubital tunnel syndrome that is supported by EDS and has failed some conservative management, including elbow padding, NSAIDs and activity modification. However, it appears that the patient's symptoms had improved from 2/26/15 and that she no longer wanted to undergo surgical treatment. This does not appear to have changed from the most recent evaluation dated 4/29/15. Therefore, Left Cubital Tunnel Release should not be considered medically necessary.

Pre-operative 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.

Post-operative durable medical equipment (DME) 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.

Post-operative occupational therapy, 3 times a week for 4 weeks for the left hand and left elbow: 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.