

Case Number:	CM14-0143881		
Date Assigned:	10/20/2014	Date of Injury:	02/10/2014
Decision Date:	11/20/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 38-year-old male sander sustained an industrial injury on 2/10/14. Injury was attributed to repetitively pushing wood through a belt sander. The 3/11/14 to 6/2/14 treating physician progress reports documented persistent bilateral upper extremity symptoms, including the right hand locking up throughout the day. Conservative treatment included physical therapy, home exercise, bracing, work and activity modification, and anti-inflammatory medications without sustained improvement. The 6/27/14 orthopedic report cited constant sharp bilateral wrist pain radiating to the palms. Pain was grade 8/10 right and grade 6/10 left. Pain was increased with lifting, fine manipulation, and applying pressure on his hands. Pain woke him at night. He had numbness and tingling along his bilateral thumbs, index, and middle fingers, right worse than left. Bilateral wrist exam documented positive Phalen's, Tinel's, and compression test. Provocative testing was more quickly responsive on the right versus the left. Light touch sensation was slightly decreased on the right compared to the left. Upper extremity range of motion was symmetrical and within normal limits. Grip strength was 22/21/21 kg right and 21/21/20 kg left. The diagnosis was classic carpal tunnel syndrome. Authorization was requested for bilateral upper extremity EMG/nerve conduction study. The 7/23/14 electrodiagnostic study evidenced bilateral mild to moderate median neuropathy at the wrist, right more than left. The 8/1/14 treating physician report documented continued sharp bilateral wrist pain with numbness and tingling along the thumbs, index, and middle fingers. Tinel's was positive bilaterally. Grip strength was symmetrical. Authorization was requested for right carpal tunnel release, followed by left carpal tunnel release. The 8/19/14 utilization review denied the request for bilateral carpal tunnel releases as there was no documentation of mechanism of injury, surgical history, conservative treatment, or medications provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Carpal Tunnel Release: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

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

Decision rationale: The California MTUS guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. Guideline criteria have been met. This patient presents with subjective and objective clinical exam findings consistent with carpal tunnel syndrome. Electrodiagnostic evidence supports a diagnosis of mild to moderate carpal tunnel syndrome. Evidence of at least 5 months of a reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, request for Left Carpal Tunnel Release is medically necessary.

Right Carpal Tunnel Release: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

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

Decision rationale: The California MTUS guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. Guideline criteria have been met. This patient presents with subjective and objective clinical exam findings consistent with carpal tunnel syndrome. Electrodiagnostic evidence supports a diagnosis of mild to moderate carpal tunnel syndrome. Evidence of at least 5 months of a reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, request for Right Carpal Tunnel Release is medically necessary.