

Case Number:	CM13-0004071		
Date Assigned:	05/02/2014	Date of Injury:	12/31/2008
Decision Date:	06/10/2014	UR Denial Date:	06/24/2013
Priority:	Standard	Application Received:	07/29/2013

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 Orthopedic 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:

The patient is a 56-year-old female injured on 12/31/08. The mechanism of injury was not documented in the records provided for review. There are current complaints of persistent carpal tunnel syndrome. The report of electrodiagnostic testing from February 2010 was positive for bilateral carpal tunnel syndrome. A recent physical examination dated 6/3/13 indicated continued complaints of bilateral carpal tunnel syndrome and examination showed a positive Phalen's Test. The working diagnosis was right greater than left carpal tunnel syndrome. The recommendation was for carpal tunnel release. There is no documentation more current physical examination findings, more recent electrodiagnostic studies, or conservative treatment since 6/3/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT CARPAL TUNNEL RELEASE: Upheld

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): 265, 270.

Decision rationale: Based on California MTUS/ACOEM Guidelines, "Outcomes from carpal tunnel surgery justify prompt referral for surgery in moderate to severe cases, though evidence suggests that there is rarely a need for emergent referral. Thus, surgery should usually be delayed until a definitive diagnosis of CTS is made by history, physical examination, and possibly electrodiagnostic studies....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 this case, the claimant electrodiagnostic studies are four years old with no documentation of recent treatment and the most recent examination finding in June 2013 shows only a positive Phalen's Test. The lack of documentation of recent care, the lack of updated electrodiagnostic studies, or recent physical examination findings would fail to support the acute need of a carpal tunnel release procedure. Therefore the request for right capral tunnel release is not medically necessary and appropriate.