

Case Number:	CM13-0015019		
Date Assigned:	10/04/2013	Date of Injury:	11/24/2010
Decision Date:	01/24/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 claimant is a 61-year-old female injured 11/24/10. Specific to her left upper extremity, available for review is a 09/09/13 progress report with [REDACTED] orthopedic surgeon, stating subjective complaints of left hand pain despite use of medications. Physical examination showed a positive Phalen's and Tinel's test with tenderness in the midportion of the forearm and musculotendinous junction. Range of motion of the wrist was otherwise "reasonably well preserved." She was given a diagnosis of carpal tunnel syndrome for which surgical intervention was recommended. She is noted to be status post a prior right carpal tunnel release procedure performed 11/07/12. Records do not indicate formal reports of prior electrodiagnostic studies. There is documentation of mild carpal tunnel syndrome findings on the left dating back to an electrodiagnostic study test of 05/18/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The Physician Reviewer's decision rationale: Based on California ACOEM Guidelines carpal tunnel release to the left wrist would not be indicated. At this juncture electrodiagnostic studies for this claimant are not available for review to confirm or refute the diagnosis in question. Claimant's specific complaints are that of pain which in and of itself would not correlate with the need for carpal tunnel release procedure. Guideline criteria indicates a carpal tunnel syndrome must be proved by physical examination and corroborated by electrodiagnostic studies. The absence of review of electrodiagnostic studies with the claimant's current clinical presentation would not support the surgical request as outlined.

Pre-operative Medical clearance as an outpatient between 8/9/2013 and 9/23/2013: 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.