

Case Number:	CM13-0020132		
Date Assigned:	10/11/2013	Date of Injury:	03/27/2012
Decision Date:	01/27/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/04/2013

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 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 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:

This is a 37-year-old male with an injury date of 03/27/12 complaining of pain and numbness in the left hand. Bracing has been documented. There were some references to mild right-sided carpal tunnel syndrome diagnosed on electrodiagnostics. An MRI of the right wrist revealed some nonspecific changes, which can be seen in the setting of carpal tunnel. The vast majority of notes in this case would reference right hand complaints and findings, not left. Multiple notes from ██████ referenced the right wrist. Notes in the summer of 2012 suggested left hand symptoms due to "overcompensating". However, even in August of 2012, ██████ did not actually include physical findings to support left wrist involvement. Electrodiagnostics performed in June of 2012 do not appear to have included the left upper extremity. MRI scans of the left wrist of August of 2012 were simply normal. Multiple office notes simply fail to reveal left carpal tunnel findings. Multiple requests for right carpal tunnel release are included. It appears that right carpal tunnel release was eventually conducted on 05/14/13. Postoperatively, a good result was noted, but early postoperative notes still continue no evidence of left carpal tunnel syndrome. Postoperative physical therapy was undertaken. Eventually on 07/24/13, it appears that an exam of the left wrist was performed to include a positive Tinel's and positive Phalen. Even though no electrodiagnostics were documented on the left, carpal tunnel release was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal tunnel release of the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

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

Decision rationale: On overview of extensive records, there has been development of a positive Tinel's and Phalen tests, substantially subjective. There is no documentation of sensory abnormality. There is no confirmation of the diagnosis of carpal tunnel syndrome by electrodiagnostic testing. Evidence based guidelines are not satisfied for medical necessity for the proposed intervention. For all of these reasons, the requested left carpal tunnel release is not medically necessary or appropriate.