

Case Number:	CM13-0020523		
Date Assigned:	10/11/2013	Date of Injury:	12/18/2008
Decision Date:	01/21/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/05/2013

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 Anesthesiology, has a subspecialty in Pain Medicine 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 patient is a 50-year-old male who reported an injury on 12/18/2008. The patient was noted to have previous surgeries to the bilateral hands for carpal tunnel syndrome. The patient was noted to have numbness and night symptoms and was noted to have decreased sensation on the median nerve in both hands. The patient was noted to have thenar atrophy. The diagnoses were noted to include bilateral carpal tunnel syndrome. The request was made for a re-release of carpal tunnel bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-release of carpal tunnel bilaterally: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California ACOEM Guidelines recommend that the surgical indications for a carpal tunnel release include positive findings on objective examination along with positive findings on nerve conduction studies. The clinical documentation submitted for review indicated the patient had numbness that was getting worse and had night symptoms, and had thenar

atrophy on the right hand. The patient was noted to have decreased sensation to the median nerves of both hands. The patient was noted to have a nerve conduction study on 09/20/2011 which revealed the patient had abnormalities consistent with chronic bilateral carpal tunnel syndrome, more pronounced on the right side. The clinical documentation submitted for review indicated the patient had positive findings on objective examination along with positive findings on nerve conduction studies. Given the above, the request for re-release of carpal tunnel bilaterally is medically necessary.