

Case Number:	CM13-0020866		
Date Assigned:	10/11/2013	Date of Injury:	09/26/2011
Decision Date:	02/03/2014	UR Denial Date:	08/26/2013
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 Orthopedic Surgery and is licensed to practice in California, New Jersey and Pennsylvania. 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 was injured in a work related accident on September 26, 2011. Specific to his left upper extremity, records available for review include prior electrodiagnostic studies of February 5, 2013 that showed severe left carpal tunnel syndrome. Clinical progress reports available for review include a recent assessment dated August 13, 2013 by [REDACTED] for complaints of bilateral carpal tunnel syndrome with physical examination showing a well healed carpal tunnel incision to the right wrist which had previously undergone decompression with continued positive Tinel and Phalen's testing and reverse Phalen's testing on the left. Given the patient's failed conservative care, surgical intervention in the form of a left carpal tunnel release procedure was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

carpal tunnel release-left wrist: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on California ACOEM Guidelines, surgical intervention in the form of left carpal tunnel release procedure would appear warranted. Guideline criteria in regards to carpal tunnel release states that diagnosis must be proved by physical examination findings and supported by nerve conduction testing. The records in this case indicate severe findings on electrodiagnostic studies that are available for review and supported by recent positive physical examination findings that demonstrated Tinel's, Phalen's and reverse Phalen's testing being positive. Based on the above, the surgical process would appear to be medically necessary.