

Case Number:	CM13-0020999		
Date Assigned:	11/20/2013	Date of Injury:	07/01/2010
Decision Date:	01/22/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/06/2013

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.

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 60-year-old female who was injured on 07/01/10. Specific to the left upper extremity, there is documentation of a 06/12/13 assessment with [REDACTED] indicating complaints of bilateral carpal tunnel syndrome to which bilateral injections were performed. He describes several prior carpal tunnel injections in the past. An MRI of the hand reviewed at that date from 03/28/13 showed no abnormality with arthritic changes of the first CMC joint. An 11/10/11 electrodiagnostic report showed mild left ulnar neuropathy at the elbow and no evidence of entrapment otherwise. No formal diagnosis of carpal tunnel syndrome was given at that time. The claimant is noted to be status post prior bilateral carpal tunnel release procedures performed on 08/10/10 on the right and 11/30/10 on the left. Records also indicate a second electrodiagnostic study test of 01/17/13 that was noted to be normal. At present, there is a request for a left open carpal tunnel release procedure given the claimant's ongoing complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG (Carpal Tunnel Syndrome Chapter).

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

Decision rationale: Based on California MTUS Guidelines, revision carpal tunnel release for the left upper extremity would not be indicated. Since time of operative intervention to the left carpal tunnel, the claimant has had two electrodiagnostic studies performed, the last of which was in January 2013 that was negative for positive finding. Guideline criteria indicate the role of positive findings on electrodiagnostic studies prior to proceeding with carpal tunnel release procedure. While the claimant continues to be symptomatic and has utilized treatment including "multiple injections", the absence of documented carpal tunnel syndrome on electrodiagnostic studies would fail to necessitate revision procedure at this time.