

Case Number:	CM13-0021186		
Date Assigned:	11/08/2013	Date of Injury:	11/30/2001
Decision Date:	05/22/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in 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 expert 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, 52-years-old, was injured in a work-related accident on November 30, 2001. Clinical records available for review include a July 16, 2013, follow-up report noting continued complaints of elbow pain with numbness into the left hand. Objective findings demonstrated positive Tinel's sign at the ulnar nerve of the left wrist, positive Tinel's sign and Phalen's testing of the left carpal tunnel, and restricted grip strength. The claimant was diagnosed with left carpal tunnel syndrome and ulnar nerve compression. The records include January 4, 2013, electrodiagnostic study results of the bilateral upper extremities that were interpreted as normal. Based on failed conservative care, surgical decompression to include a left carpal tunnel release with ulnar decompression at the wrist was recommended. This review also addresses a request for Prilosec 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE LEFT CARPAL TUNNEL RELEASE AND ULNAR NERVE DECOMPRESSION AT THE WRIST: 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 & 270.

Decision rationale: California ACOEM Guidelines do not support a carpal tunnel release and ulnar decompression at the wrist in this case. The records available for review do not include positive electrodiagnostic studies. Due to these absent studies, the request for surgical intervention would not be supported as medically necessary on the basis of exam findings alone.

1 PRESCRIPTION OF PRILOSEC 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 and 69.

Decision rationale: California MTUS Chronic Pain Guidelines do not recommend the use of a proton pump inhibitor such as Prilosec in this case. The records do not document the use of non-steroidal anti-inflammatory medications or significant gastrointestinal risk factors. Due to absent documentation, the use of Prilosec would not meet the Chronic Pain Guidelines, and this request would be considered medically unnecessary.