

Case Number:	CM13-0025844		
Date Assigned:	11/20/2013	Date of Injury:	08/22/2012
Decision Date:	01/28/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/18/2013

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:

The patient is a 49-year-old gentleman who was injured on 08/22/12. Clinical records indicate bilateral upper extremity complaints, for which a 03/01/13 electrodiagnostic study report showed a chronic C7 nerve root irritation to the left as well as left wrist mild median neuropathy consistent with carpal tunnel syndrome. Right electrodiagnostic studies were performed on 11/14/12 that showed entrapment at the median nerve at the right wrist, moderate to severe in nature, consistent with carpal tunnel syndrome, and no other findings. A follow-up report by the requesting provider dated 07/16/13 indicated the claimant was with interval history of bilateral numbness and hand weakness, along with objective findings showing restricted range of motion with positive compression test, Phalen's test, and Tinel's test bilaterally at the median nerve at the wrist. It states the claimant had failed conservative care, and based on electrodiagnostic studies and exam findings, the treating physician recommended bilateral carpal tunnel release procedure for further intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release: Overturned

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

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

Decision rationale: Based on California ACOEM Guidelines, a right carpal tunnel release would appear medically necessary. Records in this case demonstrate positive moderate to severe carpal tunnel findings on electrodiagnostic studies and failed conservative care on a recent examination - findings which are objectively consistent with carpal tunnel syndrome. The role of surgical process in this case would be supported.

Left carpal tunnel release: Overturned

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

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

Decision rationale: Based on California ACOEM Guidelines, the role of a left carpal tunnel release procedure also would be supported. The claimant's electrodiagnostic studies demonstrate positive findings of median nerve compression at the wrist. Based on the claimant's failed conservative care and concordant findings on examination, the role of surgical process for the claimant's left wrist would also be supported at this time.