

Case Number:	CM13-0026986		
Date Assigned:	11/22/2013	Date of Injury:	01/08/2010
Decision Date:	01/28/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/20/2013

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 Connecticut, North Carolina 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:

This 54 year old claimant sustained a right wrist injury on 01/08/10 and has a diagnosis of carpal tunnel syndrome. Available records documented that she had complaints of right wrist pain with numbness and tingling in the right thumb and long finger. On examination there were findings of positive right wrist Tinel, Phalen, and compression tests. Electrodiagnostic studies of the bilateral upper extremities were done in March of 2013 at which time there was documentation of bilateral chronic C5-6 radiculopathy and moderate left carpal tunnel syndrome and no documentation of right carpal tunnel syndrome. Documented treatment consisted of therapy, anti-inflammatory medications, and analgesic medications. Right carpal tunnel release was performed on 08/02/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

right carpal tunnel release performed on 8/2/13: Upheld

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

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

Decision rationale: Electrodiagnostic testing was negative for evidence of right carpal tunnel syndrome and the claimant has atypical subjective complaints not consistent with carpal tunnel syndrome. There is documentation of electrodiagnostic studies that showed chronic bilateral C6 radiculopathy and left carpal tunnel syndrome however. Guidelines require evidence of carpal tunnel syndrome documented on electrodiagnostic studies and examination and as those things are not present in this case, the carpal tunnel release would not be supported as medically necessary.