

Case Number:	CM13-0028702		
Date Assigned:	11/27/2013	Date of Injury:	07/09/2011
Decision Date:	02/06/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/25/2013

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 60-year-old gentleman who was injured in a work related accident on 07/09/11 sustaining injuries to the bilateral upper extremities. Clinical records for review include a prior electrodiagnostic study report of 12/10/12 that showed moderate bilateral carpal tunnel syndrome. A recent clinical assessment for review dated 08/19/13 with the treating physician, [REDACTED] indicated diagnoses of bilateral carpal tunnel syndrome, cervical radiculopathy and lumbar radiculopathy. The physical examination focused on the hands and wrists demonstrated positive Phalen and Tinel signs bilaterally with full range of motion. The claimant was diagnosed with carpal tunnel syndrome bilaterally. Based on failed conservative care, bilateral carpal tunnel release has been recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery consultation for bilateral carpal tunnel syndrome: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) Guidelines, bilateral carpal tunnel releases would be supported. The claimant at present is with positive electrodiagnostic studies demonstrating moderate carpal tunnel pathology bilaterally. There was also noted to be failed conservative care and clear documentation of positive exam findings recently. This specific request in this case for bilateral carpal tunnel releases would appear to be medically necessary.