

Case Number:	CM13-0034418		
Date Assigned:	01/03/2014	Date of Injury:	01/11/2013
Decision Date:	04/04/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/15/2013

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 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:

The claimant is a 53-year-old female who has a primary complaint of left wrist pain. The claimant has noted paresthesias in the wrist and middle finger. The claimant does not have symptoms otherwise throughout the median nerve distribution. The claimant's exam has been inconsistent. The claimant is noted to have both a negative direct compression test as well as a positive carpal compression test. Phalen's test and Tinel's testing have been negative. Other testing for carpal tunnel syndrome has not been performed, and physical examination has been reported to be "equivocal." Electrodiagnostic studies have suggested moderate carpal tunnel syndrome. The extent of conservative treatment is unknown, although it appears that a brace or splint was recommended following electrodiagnostic testing. A carpal tunnel release has been requested

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Carpal Tunnel Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table-7. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Carpal Tunnel Syndrome (Acute and Chronic),carpal tunnel release surgery (ctr).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270,272.

Decision rationale: The requested carpal tunnel release in this setting cannot be recommended as medically necessary. The claimant's primary complaints include wrist pain rather than typical complaints throughout the median nerve distribution. The claimant does not appear to have sufficient symptoms or exam findings to correlate with the findings of moderate carpal tunnel syndrome by electrodiagnostic criteria. The extent of prior conservative treatment is unknown, and guidelines generally require at least three conservative measures with activity modification, night splints, medications, exercises, and/or corticosteroid injection. It is notable that many patients who lack symptoms or exam findings of carpal tunnel syndrome have electrodiagnostic criteria that meet the diagnosis. Given the records reviewed with primary complaints not representative of carpal tunnel syndrome, lack of clear exam findings, and lack of documentation of sufficient conservative treatment, the requested carpal tunnel release cannot be recommended as medically necessary. These conclusions are based on the records provided for review as well as evidence-based ACOEM Guidelines for the procedure.