

Case Number:	CM13-0035747		
Date Assigned:	12/13/2013	Date of Injury:	11/06/2009
Decision Date:	04/29/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/17/2013

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 63 year old female with an industrial injury on 11/6/09. Chief complaint is chronic left shoulder, wrist and hand symptoms. In 2009 a left wrist ORIF surgery was performed. EMG/NCS report from 2/13/13 demonstrates moderate left carpal tunnel syndrome. Exam notes from 6/6/13 demonstrate the patient has ongoing left shoulder and left hand numbness. On exam, the left wrist demonstrates positive Tinel's sign and Phalen's test. There was mild deviation of the wrist, limited movement of the second and third MP joints with lack of some flexion and mild thenar atrophy. The patient was diagnosed with carpal tunnel syndrome. The request is for one left carpal tunnel release and hardware removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) LEFT CARPAL TUNNEL RELEASE (CTR) HARDWARE REMOVAL BETWEEN 9/12/13 AND 10/18/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand (Acute & Chronic).

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

Guidelines (ODG), Section Forearm, Wrist, and Hand, Carpal Tunnel Release & Hardware Implant Removal.

Decision rationale: The MTUS/ACOEM and ODG criteria have been met for carpal tunnel release based upon the clinical records reviewed for the employee. With regard to hardware removal there is no evidence of active infection, non-union or broken hardware in the records. The employee underwent in 2009 open reduction and internal fixation of the left wrist. As the ODG criteria for hardware removal has not been met, the determination is for non-certification.