

Case Number:	CM13-0040800		
Date Assigned:	06/09/2014	Date of Injury:	04/20/2009
Decision Date:	07/31/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice 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 expert 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 45-year-old female injured in a work-related accident on April 20, 2009. The records available for review document bilateral hand and upper extremity complaints of numbness, tingling and weakness, with symptoms greater on the right than on the left. Electrodiagnostic studies dated May 23, 2012, were abnormal, demonstrating mild bilateral carpal tunnel syndrome. A progress note dated September 10, 2013, describes bilateral hand complaints, greater on the right than on the left, with examination showing positive Tinel's, Phalen's, Finkelstein's and carpal compression testing, all bilaterally. Treatment has included thumb spica splinting and wrist splinting. There is no documentation of previous injection therapy. This request is for staged procedures to include a left carpal tunnel release, followed by right carpal tunnel release and deQuervain's decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

STAGED CARPAL TUNNEL RELEASE AND DEQ DECOMPRESSION, LEFT FIRST THEN RIGHT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270-271.

Decision rationale: Based on California MTUS ACOEM Guidelines, the requested staged carpal tunnel releases and deQuervain's decompression procedures would not be supported. In claimants with this clinical presentation, the ACOEM Guidelines criteria recommend treatment with injection therapy prior to surgical intervention. While the reviewed records document mild, bilateral carpal tunnel syndrome on EMG study, they do not document treatment with injections. Therefore, this request is not medically indicated.