

Case Number:	CM13-0041436		
Date Assigned:	12/20/2013	Date of Injury:	07/29/2013
Decision Date:	03/18/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/10/2013

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:

This claimant is a 57-year-old injured worker who was injured in a work-related accident July 29, 2013 sustaining an injury to the right upper extremity. Specific to the right upper extremity, she is with a current diagnosis of carpal tunnel syndrome. This was secondary to repetitive use of keyboard typing. It states the claimant is with prior electrodiagnostic studies of February 1, 2013 demonstrating bilateral moderate carpal tunnel syndrome with repeat studies performed October 18, 2013 showing "worsening" of the diagnosis. Physical examination findings from November 21, 2013 indicate a positive Phalen's and medial nerve compression testing, stating failed care has included a home exercise program, splinting, and activity modification. Surgical intervention in the form of a carpal tunnel release procedure is now being recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release: Overturned

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

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

Decision rationale: Based on California ACOEM guidelines, Outcomes from carpal tunnel surgery justify prompt referral for surgery in moderate to severe cases, though evidence suggests that there is rarely a need for emergent referral. Thus, surgery should usually be delayed until a definitive diagnosis of CTS is made by history, physical examination, and possibly electrodiagnostic studies. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. The claimant is with documented findings of carpal tunnel syndrome confirmed by physical examination findings with documentation of positive electrodiagnostic studies demonstrating an acute process. The request for right carpal tunnel release is medically necessary and appropriate.