

Case Number:	CM13-0042402		
Date Assigned:	01/03/2014	Date of Injury:	09/27/2000
Decision Date:	03/28/2014	UR Denial Date:	10/02/2013
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 Texas, Pennsylvania, Alabama, Colorado, and Connecticut. 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 49 year old female with a reported chronic history of carpal tunnel syndrome. The claimant underwent previous bilateral carpal tunnel releases. The most recent clinical note of September 11, 2013 does not delineate focal symptoms in the median nerve distribution. The examination is reported to show intact sensation. The only positive physical examination sign is noted as a positive Tinel's test. The records indicate the claimant still has not undergone electrodiagnostic studies. A revision 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:

Right carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The Physician Reviewer's decision rationale: The requested revision carpal tunnel release cannot be recommended as medically necessary. The CA ACOEM Guidelines indicate that claimant's must have diagnostic confirmation of carpal tunnel syndrome by nerve

conduction tests before surgery is undertaken. Though false/negative diagnostic studies may be present, it would be reasonable in this case to pursue electrodiagnostic studies before a carpal tunnel release. This is especially important for this claimant given the fact that the carpal tunnel has been previously released. It is also important as the claimant reportedly has normal sensation and there are no positive examination findings noted apart from a Tinel's test. Revision carpal tunnel release cannot be recommended at this time based on the history of prior carpal tunnel release, the lack of electrodiagnostic studies and the lack of sufficient examination findings.

Physical therapy 2 times per week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The request for physical therapy cannot be recommended as medically necessary.