

Case Number:	CM13-0043134		
Date Assigned:	12/27/2013	Date of Injury:	08/25/2010
Decision Date:	02/26/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/21/2013

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 43-year-old claimant is being treated for work related carpal tunnel syndrome. He was treated conservatively with therapy and bilateral wrist splints, and was seen by [REDACTED], a hand surgeon, on 9/19/13. [REDACTED] history documented symptomatic carpal tunnel syndrome. The physical examination, which [REDACTED] performed that day, documented findings of carpal tunnel syndrome on physical examination to include positive Tinel's and Phalen's tests, and altered sensation in the median nerve distribution. EMG nerve conduction studies were performed, which demonstrated mild bilateral carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Staged bilateral carpal tunnel release: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-272. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: ACOEM Guidelines specifically state that outcomes from carpal tunnel surgery justify proper referral before surgery in moderate to severe cases, though there is rarely a

need for emergent referral. Surgery should be delayed until a definitive diagnosis of carpal tunnel syndrome is made by history, physical examination, and electrodiagnostic studies. The Official Disability Guidelines can also be referenced in this case. When mild disease is present, the Official Disability Guidelines specifically require activity modification, splinting and analgesics for greater than one month. This claimant has been treated appropriately conservatively, has appropriate history, and physical examination findings of carpal tunnel syndrome. EMG nerve conduction studies have demonstrated carpal tunnel syndrome and, therefore, based upon both the ACOEM and Official Disability Guidelines, bilateral carpal tunnel release in a staged fashion would be considered medically appropriate in this case. The request is certified