

Case Number:	CM13-0043249		
Date Assigned:	12/27/2013	Date of Injury:	01/15/2004
Decision Date:	05/06/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/22/2013

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 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 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 53-year-old female who was injured in a work related accident on January 16, 2004. Recent clinical records available for review specific to the claimant's left upper extremity include electrodiagnostic testing of August 2, 2013 that showed evidence of mild bilateral median neuropathy at the carpal tunnel consistent with carpal tunnel syndrome. An assessment of November 7, 2013 indicated the claimant was with positive electrodiagnostic studies as well as an examination that showed positive Tinel and Phalen's testing at the wrist and noted conservative care to have failed including night splinting, activity modification and anti-inflammatory agents. Recent clinical records for review include a December 9, 2013 follow-up indicating bilateral upper extremity discomfort where a request for carpal tunnel release as well as in situ ulnar release were recommended. Formal physical examination findings were not noted at that time. At present, there is a request for a carpal tunnel procedure to the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT CARPAL TUNNEL RELEASE: Overturned

Claims Administrator 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)Carpal Tunnel Syndrome Procedure Summary, updated 5/7/2013

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

Decision rationale: Based on CA MTUS/ACOEM Guidelines, the surgical process would be supported. The claimant meets clinical criteria for the proposed procedure including positive electrodiagnostic studies from August 2013, positive examination findings from November 7, 2013 and well documented failed care. Thus, the specific surgical request in this case would be supported.