

Case Number:	CM13-0045378		
Date Assigned:	12/27/2013	Date of Injury:	09/18/2012
Decision Date:	08/13/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

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 Surgeon and is licensed to practice in Georgia and Texas. 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 injured worker is a 30-year-old female who reported an injury on 09/18/2012. The mechanism of injury was not stated. Current diagnoses include cubital tunnel syndrome, lateral epicondylitis, pain in a joint of the hand, carpal tunnel syndrome, and tendinitis. The injured worker was evaluated on 10/21/2013. The injured worker reported ongoing bilateral hand pain. The physical examination revealed positive Tinel's testing at the right cubital tunnel, weakness in the right hand, positive Tinel's testing in the right hand, and positive Tinel's testing in the left hand. Treatment recommendations at that time included authorization for a right carpal tunnel release, acupuncture, and an additional cock-up splint. It is noted that the injured worker underwent electrodiagnostic studies on 12/21/2012, which indicated no evidence of carpal tunnel syndrome in the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT CARPAL TUNNEL RELEASE SURGERY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

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

Decision rationale: The California MTUS ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management including worksite modification, and have clear clinical and special study evidence of a lesion. Carpal tunnel syndrome must be proved by positive findings on clinical examination and supported by nerve conduction studies. As per the documentation submitted, the injured worker does demonstrate positive Tinel's testing. However, there is no mention of an exhaustion of conservative treatment. There is also no electrodiagnostic evidence of carpal tunnel syndrome in the right upper extremity. Based on the clinical information received, the request is not medically necessary.