

Case Number:	CM13-0048674		
Date Assigned:	12/27/2013	Date of Injury:	04/20/2010
Decision Date:	05/22/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/06/2013

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 50 year old male injured in a work related accident April 20, 2010 sustaining an injury to his upper extremities. The recent assessment of October 23, 2013 electrodiagnostic study to the upper extremities showed bilateral median nerve compression at the carpal tunnel consistent with a diagnosis of moderate to severe carpal tunnel syndrome. The clinical follow-up of October 24, 2013, a handwritten progress report indicated a review of electromyography with physical examination findings showing diminished sensation in a median nerve distribution. The claimant was noted to have failed conservative measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROLYSIS AND DECOMPRESSION RIGHT MEDIAN NERVE: Overturned

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

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

Decision rationale: Based on the California ACOEM Guidelines surgical process would be supported. CA MTUS states, "surgery should usually be delayed until a definitive diagnosis of carpal tunnel syndrome is made by history, physical examination, and possibly electrodiagnostic

studies." The guidelines indicate the need for carpal tunnel release if there are positive electrodiagnostic studies correlating with examination findings. While limited records in regards to the claimant's carpal tunnel are available for review, there is documentation of sensory deficit in a median nerve distribution with moderate to severe electrodiagnostic studies for carpal tunnel syndrome. The surgical procedure as requested would be supported as medically necessary.