

Case Number:	CM13-0048822		
Date Assigned:	12/27/2013	Date of Injury:	12/15/2012
Decision Date:	03/11/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/06/2013

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:

The patient is a 40-year-old who was injured in a work related accident on 12/15/12. Review of the medical records specific to the claimant's right upper extremity reveal documentation of electrodiagnostic studies from 04/19/13 demonstrating carpal tunnel syndrome bilaterally. At a recent clinical follow up on 10/07/13 with [REDACTED] it was documented that the claimant had continued complaints of right hand numbness and tingling with objective findings of a positive Tinel's and Phalen's test with diminished sensation in a medial digit distribution. Based on electrodiagnostic evidence of carpal tunnel syndrome, failed conservative care to date and positive exam findings, a carpal tunnel release procedure was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist carpal tunnel release: 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): 265,270.

Decision rationale: The Physician Reviewer's decision rationale: Based on California ACOEM 2004 Guidelines, the request carpal tunnel release would be medically necessary. California

ACOEM Guidelines criteria require the need for positive electrodiagnostic studies and positive physical examination findings to support the role of surgical intervention. The ACOEM Guideline does indicate that surgery should be delayed until a definitive diagnosis of carpal tunnel syndrome is made by history, physical examination, and electrodiagnostic testing. The claimant's clinical picture is highly consistent with carpal tunnel syndrome based upon documentation of positive electrodiagnostic evidence of median nerve compression and exam findings consistent with the diagnosis. This specific request in this case would appear to be medically necessary.