

Case Number:	CM13-0051311		
Date Assigned:	12/27/2013	Date of Injury:	10/01/2008
Decision Date:	02/19/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/15/2013

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 claimant is a 49-year-old female who was injured in a work related accident on October 1, 2008. The clinical records for review specific to the claimant's right upper extremity included electrodiagnostic studies dated November 5, 2012 that showed moderate bilateral carpal tunnel syndrome as well as a C8 chronic radiculitis. A clinical assessment on September 20, 2013 documented complaints of bilateral hand numbness and tingling and physical examination findings of diminished sensation to the right hand with diminished grip strength, and positive Tinel and Phalen's testing bilaterally. A recommendation for carpal tunnel release to the right upper extremity was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

A right carpal tunnel release: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Release Surgery.

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

Decision rationale: Based on California ACOEM Guidelines, carpal tunnel release procedure would appear warranted. ACOEM Guideline criteria in regard to carpal tunnel release indicate that the diagnosis must be proven by physical examination and supported by nerve conduction tests. In this case, the claimant has positive electrodiagnostic studies and positive physical examination findings. The ACOEM Guideline criteria do not indicate specific need for conservative measures. While it is noted the claimant's symptoms have been ongoing for greater than one year, the role of operative process has been established based on the positive exam and electrodiagnostic testing for review.