

Case Number:	CM13-0054597		
Date Assigned:	05/14/2014	Date of Injury:	02/17/2010
Decision Date:	06/12/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/19/2013

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:

This case involves a 40-year-old claimant with reported industrial injury on 02/17/2010. An exam note from 5/31/13 reports the complaint of right elbow pain and bilateral thumb pain with numbness. The exam demonstrates tenderness over the thenar eminence of bilateral hands, with sensation over radial, median and ulnar nerves preserved. A negative Phalen's result and positive Tinel's result was noted on the left. The claimant reported failure of the cortisone injections and wrist splinting. There was no electrodiagnostic report of the right upper extremity demonstrating carpal tunnel. A request is made for right carpal tunnel release with postoperative occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT CARPAL TUNNEL RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The MTUS/ACOEM Guidelines indicate that surgical decompression of the median nerve usually relieves carpal tunnel syndrome (CTS) symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed

diagnosis of CTS. The guidelines also indicate that patients with the mildest symptoms display the poorest post surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. In this case, there are no attached electrodiagnostic studies in the records to support right carpal tunnel release. Therefore, the determination is for non-certification.

OCCUPATIONAL THERAPY FOR RIGHT WRIST TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.