

Case Number:	CM13-0057341		
Date Assigned:	12/30/2013	Date of Injury:	06/24/2007
Decision Date:	06/23/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/25/2013

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 54-year-old gentleman who was injured on June 24, 2007. The clinical records provided for review included a progress report of September 11, 2013 documenting a working diagnosis of brachial neuritis, cervicgia and carpal tunnel syndrome bilaterally. Subjectively, the claimant had continued cervical pain, bilateral upper extremity complaints with numbness and tingling. Objective findings on examination showed restricted cervical range of motion, tenderness to palpation, diminished motion noted about the wrists with positive Phalen's testing bilaterally. Examination findings in regards to the claimant's elbows were not noted. The report of electrodiagnostic studies from July 12, 2012 showed evidence of a bilateral C5-6 radiculopathy with no other acute findings from a cervical perspective. There was moderate left carpal tunnel syndrome, but no documentation of right sided findings. The records did not reveal recent treatment for the claimant's carpal tunnel diagnosis and epicondylitis. There is recommendation for bilateral surgery to be performed at the carpal tunnels as well as the epicondyles in the form of "release".

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL CARPAL TUNNEL SURGERY: Upheld

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

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

Decision rationale: Based on California ACOEM 2004 Guidelines, the recommendation for bilateral carpal tunnel release procedures would not be indicated. While the claimant has with electrodiagnostic evidence of left sided carpal tunnel syndrome, there is no documentation to support right sided carpal tunnel syndrome. There is also no documentation in the records reviewed of conservative treatment offered for carpal tunnel symptoms. The specific request of bilateral surgical process would thus not be indicated.

BILATERAL EPICONDYLITIS RELEASE AT BOTH ELBOWS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 101-102.

Decision rationale: Based on California ACOEM Elbow 2007 Guidelines, surgical process to include epicondylar release at the elbows would not be indicated. The clinical records provided for review fail to demonstrate recent physical examination findings of the elbow, nor do they indicate recent conservative care including injection therapy over the past several months. The absence of documented conservative measures would fail to necessitate the acute need of bilateral surgical process for the elbows as requested.