

Case Number:	CM13-0057814		
Date Assigned:	12/30/2013	Date of Injury:	11/13/2012
Decision Date:	06/26/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/26/2013

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 Hand Surgery and is licensed to practice in Oregon. 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 is a 53-year-old female with a date of injury of 11/13/12. She complains of pain in sections of the arm. She has tingling and numbness that goes down into her arm. More recently, her symptoms are constant.. Sensory exam is normal for all five fingers. Nerve conduction testing shows moderate left carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT CARPAL TUNNEL RELEASE: Overturned

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): 270.

Decision rationale: According to the ACOEM guidelines, surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. 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. This patient has significant symptoms of carpal tunnel syndrome with numbness and tingling in the fingers that travels to the shoulder and positive electrodiagnostic studies for moderate median nerve compression involving both sensory and motor fibers. Her symptoms have recently worsened and are now constant. Per the ACOEM guidelines, carpal tunnel release is medically necessary.