

Case Number:	CM13-0058245		
Date Assigned:	12/30/2013	Date of Injury:	04/02/2013
Decision Date:	05/20/2014	UR Denial Date:	11/07/2013
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 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 52-year-old male who sustained a right distal non-displaced ulnar fracture on April 2, 2013. According to the medical records provided for review, the initial injury was treated conservatively. Following the injury, the claimant began to notice increased complaints of right hand numbness and tingling that worsened in the evening. An examination on October 9, 2013, showed continued symptoms with diminished grip strength, positive Tinel's sign and Phalen's testing. A diagnosis of carpal tunnel syndrome is documented, as is treatment with activity modification, medication management, night splints and corticosteroid injections. The records do not reference electrodiagnostic testing. This request is for a carpal tunnel release.

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 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.

Decision rationale: While the claimant presents with clinical symptoms consistent with carpal tunnel syndrome, the records reviewed do not document electrodiagnostic studies that would

confirm the diagnosis. ACOEM Guidelines require that, in order for surgery to be indicated as medically necessary, this diagnosis must be confirmed with physical examination findings that correlate with nerve conduction studies. Absent the electrodiagnostic testing, this request would not be indicated as medically necessary. The request is not medically necessary and appropriate.