

Case Number:	CM13-0064426		
Date Assigned:	01/03/2014	Date of Injury:	06/26/2006
Decision Date:	05/22/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/11/2013

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 66-year-old male injured on June 26, 2006. The records provided for review document an injury to the neck and subsequent C5 through C7 anterior cervical discectomy and fusion performed in October 2007, as well as a right carpal tunnel release procedure performed in October 2008. This review pertains to the left carpal tunnel. During a November 20, 2013, assessment with [REDACTED], the claimant indicated continued complaints of left hand numbness in a median nerve distribution. The records state that treatment has included splinting, anti-inflammatory medications and work restrictions. Physical examination findings include difficulty with fine manipulation and grip. Further documentation of physical findings are not noted. The records reference prior positive electrodiagnostic studies; however, the study date is not noted, and a formal report is not provided for review. Surgical intervention for left carpal tunnel release is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT CARPAL TUNNEL RELEASE SURGERY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270, 273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265 and 270. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

Decision rationale: Based on California ACOEM Guidelines, the request for left carpal tunnel release cannot be supported. The reviewed clinical records do not document specific physical exam findings to support a diagnosis of carpal tunnel syndrome, and electrodiagnostic studies were not provided for review. The absence of clinical correlation between exam findings and electrophysiological studies would fail to support the proposed surgery as medically necessary.