

Case Number:	CM13-0065387		
Date Assigned:	01/03/2014	Date of Injury:	06/25/2013
Decision Date:	05/16/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/13/2013

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 Georgia and Texas. 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 injured worker is a 51-year-old female who reported an injury on 06/03/2013, secondary to repetitive work activity. Current diagnosis is carpal tunnel syndrome in bilateral wrists. The injured worker was evaluated on 11/19/2013. The injured worker has not participated in physical therapy. Treatment to date has included bracing. Physical examination revealed positive Tinel's and Phalen's testing. Treatment recommendations at that time included bilateral carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT WRIST CARPAL TUNNEL RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, failure to respond to conservative treatment, and clear clinical and special study evidence of a lesion. Carpal tunnel syndrome must be proved by positive findings on clinical examination and

supported by nerve conduction studies. Official Disability Guidelines state initial conservative treatment should include activity modification, night wrist splinting, nonprescription analgesia, home exercise training, and a successful initial outcome from a corticosteroid injection trial. As per the documentation submitted, the injured worker's physical examination does reveal positive Tinel's and Phalen's testing. However, there were no electrodiagnostic reports submitted for review. There is also no documentation of a failure to respond to initial conservative treatment including activity modification, medication, home exercise, and a corticosteroid injection trial. The request for right wrist carpal tunnel release is not medically necessary and appropriate.

EKG: 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.