

Case Number:	CM13-0067503		
Date Assigned:	01/03/2014	Date of Injury:	10/14/2011
Decision Date:	05/21/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/18/2013

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:

This claimant is a 53-year-old female injured in a work-related accident October 14, 2011. Available for review are prior electrodiagnostic studies from September 19, 2013 that showed evidence of severe left median neuropathy at the wrist, mild right median neuropathy, and the claimant's ulnar nerve to be without conduction velocity to either extremity. The most recent clinical assessment for review is a December 18, 2013 progress report indicating the claimant had failed conservative care with conservative measures for a diagnosis of carpal tunnel syndrome. Physical examination showed a positive Tinel's sign at both median and ulnar nerve at the wrist bilaterally. Given the claimant's physical findings, a request was made for a carpal tunnel release and concordant ulnar nerve release both at the wrist. Further clinical records are not supportive of the specific requests at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT CARPAL TUNNEL RELEASE WITH ULNAR NERVE DECOMPRESSION AT THE WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Occupational Medical Practice Guidelines (OMPG) Forearm/Hand/Wrist.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines (DDG).

Decision rationale: Based on California ACOEM guidelines, a surgical process would not be indicated. While the claimant is with documented carpal tunnel syndrome, there is no indication of ulnar nerve compression at the wrist to support or necessitate an ulnar nerve decompression procedure. While the claimant meets clinical criteria for the role of a carpal tunnel release, the surgical request as stated would not be supported.