

Case Number:	CM13-0072687		
Date Assigned:	01/08/2014	Date of Injury:	03/09/2013
Decision Date:	06/05/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/31/2013

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, has a subspecialty in Hand 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 injured worker is a 34-year-old female who reported an injury on 03/09/2013. The injured worker underwent a right carpal tunnel release on 11/15/2013 on the left hand. The injured worker had a positive Tinel's sign to palpation and compression of the medial nerve. It was indicated that the injured worker did not have extreme pain that she had on the right, but had developed pain and it was becoming worse according to the history. The diagnoses included right carpal tunnel syndrome surgical in nature, and cervical neck discogenic disease which improved after childbirth. The treatment requested was continuation of medications including Tylenol and Flector patches. It was indicated that the injured worker's EMG study of carpal tunnel was verified and surgery had relieved the injured worker's pain significantly. It was indicated that the injured worker's right shoulder was still painful. The subsequent documentation of 11/27/2013 revealed that the injured worker had dramatic pain relief and was doing so well that she wanted to get the left carpal tunnel release done.

IMR ISSUES, DECISIONS AND RATIONALES

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

A LEFT 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: The ACOEM Guidelines indicate that a referral for hand surgery consultation may be indicated in injured workers who have red flags of a serious nature, fail to respond to conservative treatment including worksite modifications and have clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. It further states that carpal tunnel must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction studies before surgery is undertaken. The clinical documentation submitted for review failed to provide documentation that the injured worker had failed to respond to conservative management and there was no nerve conduction study submitted for review indicate that the injured worker had left carpal tunnel syndrome. The physical examination indicated that the injured worker had a positive Tinel's to palpation and compression of the medial nerve on the left. Given the above and the lack of documentation, the request for outpatient surgery left carpal tunnel release is not medically necessary.