

Case Number:	CM14-0000338		
Date Assigned:	01/10/2014	Date of Injury:	02/15/2012
Decision Date:	04/07/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient sustained an industrial injury on 2/15/12. The mechanism of injury is unknown. The 10/12/12 electrodiagnostic study revealed entrapment neuropathy of the median nerve at the right wrist, with mild to moderate slowing of the nerve conduction velocity indicative of carpal tunnel syndrome. Records indicated the patient attended physical therapy for a total of 26 visits from 10/23/12 to 5/7/13, for the right shoulder. The 8/2/13 left shoulder MRI documented effusion, anterior capsulitis and sprain, acromioclavicular joint arthrosis, partial tear of the supraspinatus, bicipital tenosynovitis, and anterior labral tear. The 11/8/13 treating physician report indicated that the patient had pain in the left shoulder and right wrist. Objective findings relative to the right wrist indicated a positive Tinel's and Phalen's. Left shoulder range of motion testing documented 130 degrees flexion, 130 degrees abduction, and 10 degrees external rotation. The diagnosis included torn rotator cuff left shoulder and right carpal tunnel syndrome. The treatment plan recommended left shoulder and right wrist surgery. The patient was to remain off work for one month.

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): 270-271.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, carpal tunnel syndrome release surgery (CTR)

Decision rationale: The request under consideration is for a right carpal tunnel release. The California MTUS does not address treatment of carpal tunnel syndrome for chronic injuries. The Official Disability Guidelines recommend carpal tunnel release surgery after an accurate diagnosis of moderate or severe carpal tunnel syndrome. Surgery is not generally initially indicated for mild carpal tunnel syndrome, unless symptoms persist after conservative treatment. Guideline criteria have not been met. Electrodiagnostic studies documented mild to moderate slowing of the nerve conduction velocity indicative of carpal tunnel syndrome. There is no indication that recent comprehensive conservative treatment for the carpal tunnel (splinting, medication management, occupational therapy, injection) has been tried and failed. Therefore, this request for right carpal tunnel release is not medically necessary.