

Case Number:	CM14-0001628		
Date Assigned:	01/22/2014	Date of Injury:	06/01/2010
Decision Date:	06/19/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/06/2014

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 and Hand Surgery and is licensed to practice in Illinois. 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 58-year-old female who reported an injury on 06/11/2011. The mechanism of injury was not stated. Current diagnoses include right carpal tunnel syndrome, status post right ring finger and left middle finger trigger release, trigger fingers involving the right middle finger, small finger, index finger, and left ring finger and complaints of anxiety, depression, and sleep difficulty. The injured worker was evaluated on 11/26/2013. Physical examination revealed diminished grip strength on the left, triggering of the left index, ring finger, right middle finger, and right small finger. The injured worker also demonstrated subluxation of the extensor pollicus longus and positive Phalen's testing on the right with diminished sensation in the right median nerve distribution. Treatment recommendations at that time included right carpal tunnel release.

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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for a hand surgery consultation may be indicated for injured workers who have red flags of a serious nature, failed to respond to conservative management, and have 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 testing. As per the documentation submitted, the injured worker demonstrates positive Phalen's testing with diminished sensation to light touch in the right median nerve distribution. However, there were no electrodiagnostic reports submitted for review. There is also no mention of an attempt at conservative treatment prior to the request for a surgical procedure. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request for Right Carpal Tunnel Release is not medically necessary.