

Case Number:	CM14-0002713		
Date Assigned:	01/29/2014	Date of Injury:	09/13/2010
Decision Date:	06/16/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/07/2014

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 Surgery, has a subspecialty in Hand 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 53-year-old female who reported an injury on 09/13/2010. The mechanism of injury was not stated. Current diagnoses include cervical spine strain, right shoulder internal derangement, right elbow fracture, ulnar neuropathy, right moderate carpal tunnel syndrome, left mild carpal tunnel syndrome, and left shoulder internal derangement. The injured worker was evaluated on 12/04/2013. The injured worker reported persistent right shoulder and neck pain with radiation to the right upper extremity. The injured worker has completed a course of acupuncture therapy with improvement. Physical examination revealed tenderness to palpation of the medial and lateral epicondyle with restricted range of motion and positive Tinel's testing. Treatment recommendations included authorization for an MRI of the cervical spine and continuation of current medication. A request for authorization was then submitted on 12/11/2013 for a right wrist carpal tunnel release. The injured worker has previously undergone electrodiagnostic studies on 01/30/2013 which indicated mild bilateral carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SURGERY OF THE RIGHT WRIST CARPAL TUNNEL RELEASE BETWEEN 12/12/2013 AND 1/26/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

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, fail 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, there is no objective evidence of carpal tunnel syndrome of the right wrist. There is also mention of a failure to respond to conservative treatment including physical therapy, bracing, medications or injections. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request is not medically necessary.