

Case Number:	CM14-0007444		
Date Assigned:	01/24/2014	Date of Injury:	05/26/2011
Decision Date:	06/06/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/09/2013

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:

The records indicate that this 56-year-old injured worker sustained the reported event on May 26, 2011. The current diagnosis listed is carpal tunnel syndrome. A right surgical release is requested. The review was completed in late November, 2013 noting that insufficient clinical interventions, to include steroid injections into the carpal canal, had not been completed. A course of physical therapy was attempted to ameliorate the symptomology. The non-certification noted that not all conservative measures had been completed. A December 2013 follow-up evaluation noted that a steroid injection had been completed into the right carpal canal. A nerve conduction study reportedly noted moderate carpal tunnel symptoms. The January 2013 note focused on the right shoulder rotator cuff tear and bursitis as well as acromioclavicular joint osteoarthritis. The records also reflect surgical intervention into the shoulder was completed. The electrodiagnostic assessment completed in May, 2012 noted marginal if any changes involving the median nerve on the right. A sleep evaluation was also completed.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-270.

Decision rationale: The criterion for such a procedure requires objectification of a moderate to severe case of carpal tunnel syndrome. Furthermore there has to be history, physical examination findings and with diagnostic testing on which to support this diagnosis. The key point is a positive electrodiagnostic assessment is to be assessed prior to any endorsement. A nerve conduction study was completed on September 20, 2013 and noted moderate findings of a previous study in September 2012 noted mild findings. The request is not medically necessary or appropriate.