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| Case Number: | CM14-0009060 | | |
| Date Assigned: | 05/02/2014 | Date of Injury: | 05/23/2011 |
| Decision Date: | 06/13/2014 | UR Denial Date: | 11/30/2013 |
| Priority: | Standard | Application Received: | 01/03/2014 |

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, 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 claimant is a 35-year-old female who sustained bilateral hand injuries from repetitive use on 05/23/11. The medical records provided for review include an 11/05/13 follow up report noting continued complaints of bilateral wrist pain. It states the claimant recently underwent a corticosteroid injection of the right carpal tunnel and first dorsal extensor compartment with some improvement. Physical examination showed a positive Finkelstein's testing, tenderness to palpation of the first dorsal extensor compartment, and positive right sided Phalen's testing. The claimant's diagnosis was carpal tunnel syndrome status post two injections with "negative nerve conduction studies." The report of the nerve conduction studies was not provided for review. A carpal tunnel release was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARPAL TUNNEL SURGERY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

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

Decision rationale: While this individual has positive physical examination findings, the electrodiagnostic studies are documented to be negative and therefore, not confirm the above diagnosis. The ACOEM Guidelines recommend correlation between physical examination findings and electrodiagnostic studies prior to proceeding with operative intervention. The specific request in this case is therefore not medically necessary and appropriate.