

Case Number:	CM14-0009210		
Date Assigned:	02/14/2014	Date of Injury:	12/08/2009
Decision Date:	06/24/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/23/2014

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 Sports Medicine and is licensed to practice in Pennsylvania. 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 58-year-old gentleman who was injured on December 8, 2009 with current complaints of the left upper extremity. Electrodiagnostic studies performed in November 2012 revealed moderate bilateral carpal tunnel syndrome. There is no history of a prior surgical process of the left wrist. The progress report of December 18, 2013 indicated continued complaints of symptoms to the left upper extremity consistent with left carpal tunnel syndrome. It states that no relief had been noted despite treatment with physical therapy and a carpal tunnel injection. The claimant continued to utilize medication management for the above complaints. Physical examination showed positive Tinel's testing and forced flexion testing bilaterally. Working assessment was that of left carpal tunnel syndrome. The recommendation was made for a carpal tunnel release procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT CARPAL TUNNEL RELEASE: Overturned

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. Decision based on Non-MTUS Citation MTUS: ACOEM, 2ND EDITION, CHAPTER 11, 265, 270

Decision rationale: Based on California ACOEM Guidelines, the request for a left carpal tunnel release procedure would be supported. This individual has electrodiagnostic evidence of moderate carpal tunnel syndrome and has failed conservative care. He also has continued positive physical examination findings. The California ACOEM Guidelines do support operative intervention for carpal tunnel syndrome in the setting of positive electrodiagnostic studies and physical examination findings. The surgical process is supported.