

Case Number:	CM14-0106728		
Date Assigned:	07/30/2014	Date of Injury:	02/01/2013
Decision Date:	08/29/2014	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	07/10/2014

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 patient is a 56-year-old gentleman who injured the upper extremities on 02/01/13. The clinical records provided for review include the report of an reassessment on 05/06/14 noting ongoing numbness of the bilateral elbows and hands. Physical examination findings were not documented. A previous assessment of 03/18/14 documented examination findings of a positive Tinel's testing and carpal tunnel compression testing bilaterally. Electrodiagnostic studies of 11/18/13 showed bilateral peripheral neuropathy but no indication of carpal tunnel syndrome. Based on failed conservative care, a left carpal tunnel release procedure was being recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left open carpal tunnel release: Upheld

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

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

Decision rationale: Based on California ACEOM Guidelines, the request for a left open carpal tunnel release procedure would not be indicated. ACOEM Guidelines recommend that carpal

tunnel syndrome must be proven by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. The claimant does not have electrodiagnostic evidence of acute carpal tunnel findings of the left upper extremity. Without direct clinical correlation between electrodiagnostic testing and exam findings, the acute need of an left open carpal tunnel release procedure would not be supported. The request is not medically necessary and appropriate.