MAXIMUS Federal Services

Case Number:	CM14-0012108		
Date Assigned:	02/21/2014	Date of Injury:	07/19/2010
Decision Date:	06/27/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/30/2014

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 Orthapedic Surgery and is licensed to practice in 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 54 year old male who reported an injury to his left upper extremity. The clinical note dated 12/16/13 indicates the injured worker complaining of left arm pain with associated numbness and tingling as well as weakness. There is an indication the injured worker has a past surgical history involving the left shoulder as well. Upon exam, decreased sensation was identified in the left upper extremity, specifically in the median and ulnar nerve distribution. The injured worker was identified as having a positive Tinel's sign over the left median nerve and the left ulnar nerve at the elbow. The injured worker also had a positive Phalen's sign on the left. Strength deficits were identified in the left shoulder. Grip strength deficits were also identified. The clinical note dated 10/31/13 indicates the injured worker showing signs of carpal tunnel and cubital tunnel syndrome. Diminished sensation was identified in the left median and ulnar nerve distributions. The agreed medical examination dated 10/29/13 indicates the injured worker reporting 2 separate injuries. The 1st in March of 2009 indicates the injured worker was pulling a pallet resulting in pain in both shoulders. The injured worker also reported on 07/15/10 an exacerbation of left shoulder pain. A 2nd injury on 07/19/10 indicates a cervical injury when he turned his neck quickly resulting in a sharp pain. The clinical note dated 01/20/14 indicates the injured worker complaining of a stabbing type pain in the left upper extremity. The electrodiagnostic studies completed on 01/20/14 revealed no evidence confirming carpal tunnel syndrome symptoms. No evidence of carpal tunnel syndrome was identified. The utilization review dated 01/03/14 resulted in a denial for a left sided endoscopic carpal tunnel release. No information was submitted regarding the injured worker's previous completion of any conservative treatments. Additionally, no information was submitted regarding the injured worker's electrodiagnostic studies confirming the presence of carpal tunnel syndrome and cubital tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT ENDOSCOPIC CARPAL TUNNEL RELEASE AND LEFT CUBITAL TUNNEL RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269-270.

Decision rationale: The request for a left endoscopic carpal tunnel release and a left cubital tunnel release is not medically necessary. The documentation indicates the injured worker complaining of left upper extremity pain. A carpal tunnel release is indicated provided the injured worker meets specific criteria to include completion of all conservative treatments and electrodiagnostic studies confirm the injured worker's pathology. No information was submitted regarding the injured worker's completion of any conservative treatments addressing the left upper extremity complaints. Additionally, the submitted electrodiagnostic studies failed to confirm the injured worker's carpal tunnel or cubital tunnel findings. Therefore, this request is not indicated.