

Case Number:	CM14-0012449		
Date Assigned:	02/21/2014	Date of Injury:	10/19/2011
Decision Date:	08/01/2014	UR Denial Date:	01/13/2014
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 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 62-year-old male who has submitted a claim for bilateral carpal tunnel syndrome, hypertension and diabetic peripheral neuropathy associated from an industrial injury date of October 19, 2011. The medical records from 2012-2013 were reviewed, the latest of which were dated December 19, 2013, revealed that the patient complains of frequent becoming constant slight to moderate numbness and pain in both hands more on the right than in the left. The patient complained that he was dropping things. On physical examination, Tinel's and Phalen's signs were present in the right wrist. There is sensory deficit in the bilateral median nerve distribution. Treatment to date has included wrist braces, duty modification, and medications that include Motrin, Prilosec, Tylenol, Zanaflex, Neurontin, Vicodin and compounded topical analgesic cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OPERATIVE INTERNAL MEDICAL CLEARANCE: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations Page(s): 127.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient has bilateral carpal tunnel syndrome. He has been certified to undergo right carpal tunnel release because there was evidence of failure in conservative management. The patient has hypertension and diabetes co-morbidities. The medical necessity for pre-operative clearance from an internal medicine specialist has been established. Therefore, the pre-operative internal medical clearance is medically necessary.