

Case Number:	CM14-0012673		
Date Assigned:	02/21/2014	Date of Injury:	09/26/2013
Decision Date:	08/12/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/31/2014

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 37-year-old female with a 9/26/13 date of injury due to repetitive typing. The 12/26/13 progress note described electrodiagnostic testing that revealed mild left carpal tunnel syndrome. The patient has complaints of left wrist pain and decreased strength. Right carpal tunnel release provided some benefit. Clinically, there was positive Phalen and reverse Phalen signs with reduced grip strength and distal radial tenderness. On 9/26/23 EMG/NCV studies revealed mild left carpal tunnel syndrome. Conservative treatment rendered has included activity modification and medication. No other treatment has been described for the left wrist. The treating provider has requested left carpal tunnel release surgery

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist carpal tunnel release surgery: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG (Carpal Tunnel Syndrome Chapter) Carpal Tunnel release.

Decision rationale: Medical necessity for the requested left carpal tunnel release is not established. This request obtained an adverse determination due to lack of documentation regarding rendered conservative treatment, specifically for the left wrist. Reviewed progress notes documented activity modification and medication; however, there is no mention of splinting, physical therapy, or a steroid injection. The California MTUS/Official Disability Guidelines criteria for carpal tunnel release include failure of non-operative treatment or severe symptoms such as continuous tingling and numbness; most patients should have had at least 1 glucocorticosteroid injection; and patients who do not have a glucocorticosteroid injection that results in at least partial benefit should have an electrodiagnostic study (EDS) consistent with CTS. As it has not been documented that lower levels of care have been exhausted, the request is not substantiated. Therefore, the request is not medically necessary.