

Case Number:	CM14-0013825		
Date Assigned:	02/26/2014	Date of Injury:	10/11/1999
Decision Date:	06/26/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/03/2014

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 and Nevada. 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 female who was injured on October 11, 1999. The progress note dated January 6, 2014, documents that the claimant returns with continued flight left hand and wrist pain. The claimant has completed 3 sessions of physical therapy in the know improvement. An MRI of the left wrist is documented as having been obtained on July 20, 2013 and demonstrated prominent median nerve consistent with carpal tunnel syndrome. The physical examination does not include an examination of the hand or wrist including an absence of special orthopedic or neurologic testing. A progress note dated June 28, 2013 examines grip strength in both hands and it is noted that the claimant has a stronger grip on the left despite being right hand dominant. Tinel's sign is positive on the left wrist and negative on the right. Additionally, the progress note dated October 8, 2013 indicates the claimant is status post bilateral carpal tunnel surgery. The progress note dated January 14, 2014 documents a positive Tinel's sign on the left and negative Phalen's test, diminished left-sided grip strength, and a normal sensory exam of the left hand and wrist. Thenar atrophy is not noted on the left hand. The clinician references an EMG/NCV as having occurred 4-5 years previously which revealed mild median nerve conduction delay consistent with carpal tunnel syndrome. This EMG/NCV was performed on November 16, 2007 and documented mild right-sided carpal tunnel syndrome. The utilization review in question was rendered on January 17, 2014. The reviewer noncertified the requests for left sided carpal tunnel release. The reviewer indicated that there was inadequate documentation of conservative measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT CARPAL TUNNEL RELEASE (CTR): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Chapter.

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

Decision rationale: The ACOEM supports the use of carpal tunnel surgery when the diagnosis is proven by clinical examination and supported by nerve conduction tests. The most recent EMG/NCV was performed on November 16, 2007 and did not demonstrate evidence of carpal tunnel syndrome in the left upper extremity. As such, the request is considered not medically necessary.