

Case Number:	CM14-0018486		
Date Assigned:	04/18/2014	Date of Injury:	01/20/2011
Decision Date:	08/14/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/13/2014

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 Surgeon, Hand Surgeon 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 30-year-old female who reported an injury on 01/20/2011 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her right upper extremity. The injured worker underwent a nerve conduction velocity study on 02/22/2012 that documented the patient had moderate bilateral carpal tunnel syndrome. The injured worker was evaluated on 02/19/2014. It was documented that the patient was having persistent numbness, tingling and weakness in the right hand. Physical findings included limited range of motion secondary to pain with tenderness to palpation over the distal clavicle. The injured worker had a positive Tinel's and positive Phalen's sign and a positive carpal compression test. The injured worker's diagnoses included right distal clavicle nonunion and bilateral carpal tunnel syndrome. A request was made for right carpal tunnel release to be done at the same times as right shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT CARPAL TUNNEL RELEASE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The American College of Occupational and Environmental Medicine recommend carpal tunnel release for patients who have clear physical findings supported by an electrodiagnostic study that has failed to respond to conservative treatment. The clinical documentation does indicate that the injured worker has a positive Tinel's, positive carpal tunnel compression, and positive Phalen's sign. Additionally, the clinical documentation submitted for review does support that the patient has failed to respond to conservative treatments to include physical therapy, medications, and splinting. The clinical documentation also provided an electrodiagnostic study dated 02/22/2012 that supported that the injured worker had moderate carpal tunnel syndrome. Therefore, surgical intervention would be indicated in this clinical situation. As such, the requested right carpal tunnel release is medically necessary and appropriate.

MEDICAL CLEARANCE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-Operative Lab Testing (general).

Decision rationale: The California Medical Treatment Utilization Schedule does not address this request. The Official Disability Guidelines recommend preoperative lab testing for patients who have comorbidities that could contribute to intraoperative or postoperative complications. The clinical documentation submitted for review does indicate that the injured worker is a young relatively healthy female without any indication of comorbidities that could contribute to complications. As such, the requested medical clearance is not considered medically necessary or appropriate.