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| Case Number: | CM14-0018826 | | |
| Date Assigned: | 04/23/2014 | Date of Injury: | 04/08/2013 |
| Decision Date: | 07/03/2014 | UR Denial Date: | 01/15/2014 |
| Priority: | Standard | Application Received: | 02/14/2014 |

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 claimant is a 53-year-old female who was injured on April 8, 2013 after a fall onto an outstretched hand. The records provided for review indicate treatment for her injury included open reduction internal fixation of a radial fracture at time of injury and subsequent removal of percutaneous pinning. A left wrist arthroscopy with TFCC debridement was also performed at time of initial closed reduction procedure. Postoperatively, the claimant was treated with immobilization, physical therapy, medication management and activity restrictions. The records provided for review indicate that the claimant has continued numbness and sensory change of the left hand and since early August has been treated for carpal tunnel syndrome with splinting. The November 15, 2013 electrodiagnostic studies showed results consistent with moderate bilateral carpal tunnel syndrome and mild right ulnar neuropathy. At a clinical follow-up visit on December 11, 2013 the chief complaint of left hand and wrist pain was noted. Physical examination findings showed a positive Tinel's test at the left hand with negative Phalen's and Durkin's testing. There was no evidence of weakness. Based on this individual's continued complaints, a carpal tunnel release procedure was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT ENDOSCOPIC VS OPEN CARPAL TUNNEL RELEASE; LEFT WRIST:

Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270.

Decision rationale: Based on California ACOEM Guidelines, the request for carpal tunnel release would be supported. The claimant has positive electrodiagnostic studies, progressive physical examination findings, and failed conservative care since time of initial fracture. ACOEM Guidelines would support the role of carpal tunnel release based upon the correlation of the examination and electrodiagnostic testing.