

Case Number:	CM14-0111242		
Date Assigned:	08/01/2014	Date of Injury:	08/01/2011
Decision Date:	09/09/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/16/2014

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:

Antonieta Sanchez is a 39-year-old female injured on 08/01/11. She fell pushing a cart while working as a housekeeper, injuring her right lower extremity as well as right wrist. A recent physical examination of 06/12/14 described continued pain about the wrist with examination showing no physical findings. A prior assessment of 05/12/14 demonstrated positive Phalen, Tinel's and compression testing at the right wrist consistent with diagnosis of carpal tunnel syndrome. Reviewed was previous electrodiagnostic studies on 08/24/13 consistent with a left C5 and C6 radiculopathy with no indication of carpal tunnel diagnosis documented. There is currently no electrodiagnostic evidence of carpal tunnel syndrome. Claimant is status post a 05/07/14 left carpal tunnel release procedure. There is current request for a right carpal tunnel release procedure in this individual.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal Tunnel Release: Upheld

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

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

Decision rationale: Based on California ACEOM Guidelines, carpal tunnel release surgery would not be indicated. Presently this individual is with no documented evidence of neurocompressive electrodiagnostic evidence of carpal tunnel syndrome. Without documentation of electrodiagnostic studies demonstrating carpal tunnel syndrome, the role of operative intervention would not be supported. Guideline criteria support the role of surgery in settings where electrodiagnostic evidence and physical examination findings corroborate the diagnosis. Therefore, this request is not medically necessary.