

Case Number:	CM14-0115847		
Date Assigned:	08/04/2014	Date of Injury:	02/25/2013
Decision Date:	09/10/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/23/2014

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 an Hand surgery, 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 44-year-old male who reported an injury on 02/25/2013 due to repetitive use. The injured worker reportedly sustained an injury to her right wrists and hands. The injured worker's treatment history included a brace, Naproxen, therapy, and 2 corticosteroid injections. The injured worker was evaluated on 05/14/2014. It was noted that the injured worker had tenderness to the right wrist with normal range of motion. It was noted that the injured worker had undergone a nerve conduction study on 07/12/2013 that was within normal limits. The injured worker's diagnoses included right carpal tunnel syndrome. A Request for Authorization for carpal tunnel release was submitted on 06/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel release.: 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 Page(s): 270-271.

Decision rationale: The requested Right Carpal Tunnel Release is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend

carpal tunnel release for injured workers who have clinical examination findings to support the diagnosis of carpal tunnel syndrome corroborated by an electrodiagnostic study. The clinical documentation did not provide any electrodiagnostic study that showed evidence of carpal tunnel syndrome of the right upper extremity. Additionally, the clinical documentation did not provide significant examination findings consistent with symptomology related to carpal tunnel. There is no documentation of a positive Phalen's test or Tinel's sign. Therefore, surgical intervention would not be indicated in this clinical situation. As such, the requested Right Carpal Tunnel Release is not medically necessary.