

Case Number:	CM14-0124035		
Date Assigned:	08/08/2014	Date of Injury:	12/10/2013
Decision Date:	09/11/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/06/2014

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, has a subspecialty in Orthopedic Sports Medicine 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 61 year old female who is reported to have developed a right carpal tunnel syndrome secondary to cumulative trauma on 12/10/13. Records report that the injured worker has been treated with oral medications, activity modifications, splinting, and a Kenalog injection. Per the clinical records, the Kenalog injection resulted in 100% relief of the injured worker's symptoms. The record includes an EMG dated 03/11/14 which notes a mild right carpal tunnel syndrome. Most recent physical exam has noted that the injured worker has positive Tinel's and Phalen's sign at the right wrist with a negative Spurling's test. She has reported to have failed all conservative management. The record contains a utilization review determination dated 07/24/14 in which the request for a right carpal tunnel release was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal tunnel release QTY: 1.00: 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 Carpal Tunnel Syndrome (updated 2/20/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Surgery.

Decision rationale: The request for right carpal tunnel release is not established as medically necessary. The submitted clinical records indicate that the injured worker developed right hand pain as a result of cumulative trauma. She has symptoms consistent with a mild right carpal tunnel syndrome. The record does not provide any indication that the injured worker has undergone a course of physical therapy. It is further noted that she received subsidive benefit from a Kenalog injection. This would strongly suggest that the injured worker may benefit from additional conservative treatment and surgical intervention is not medically necessary. As the record fails to establish that the injured worker has failed all conservative management and has only mild findings in electrodiagnostic studies, the medical necessity for surgical intervention is not established.