

Case Number:	CM14-0124817		
Date Assigned:	09/16/2014	Date of Injury:	03/03/2014
Decision Date:	10/16/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/07/2014

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 Spine Surgery and is licensed to practice in New York. 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 patient is a 44-year-old female with date of injury of March 3, 2014. Patient has been diagnosed with carpal tunnel syndrome rotator cuff syndrome and cervicgia. The patient had electrodiagnostic studies which were significant for left C5-C6 radiculopathy and reportedly carpal tunnel syndrome is worse on the right than the left. Physical examination documented full range of neck motion and weakness was noted in the right abductor pollicis brevis muscle. The patient had significant pain in the shoulder. MRI study is cervical spine noted degenerative changes at C2-C7 levels. At issue is whether carpal tunnel surgeries medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Percutaneous Carpal Tunnel Release, as an Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (updated 05/07/2013) Indications for Surgery - Carpal Tunnel Release

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), hand chapter

Decision rationale: This patient does not meet establish criteria for carpal tunnel surgery at this time. The medical records do not document any prior attempts at conservative management. There is no documentation of wrist splinting or injection therapy. In addition physical examination of extremities does not document positive Tinel's a positive Phalen's sign. Since the documentation of conservative measures is lacking, and the patient does not have clear physical exam findings suggestive of carpal tunnel syndrome documented, existing criteria for carpal tunnel release surgery not met at this time. The request is not medically necessary.