MAXIMUS Federal Services

Case Number:	CM14-0156762		
Date Assigned:	09/26/2014	Date of Injury:	12/06/2013
Decision Date:	11/18/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/24/2014

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:

This is a 33-year-old gentleman who sustained a work-related injury on 12/06/13. The records provided for review document that the claimant has progressive complaints of right ulnar nerve numbness and bilateral median numbness that has been treated conservatively with physical therapy, medication, and immobilization. The report of upper extremity electrodiagnostic studies dated 03/28/14 identified evidence of median neuropathy at the right wrist described as mild in nature and the minimal findings at the left wrist were not diagnostic for carpal tunnel syndrome. There was no evidence of ulnar neuropathy at the elbow noted and the remainder of the test was documented as negative. The clinical report dated 08/26/14 noted that the claimant had subjective complaints of numbness. The report did not include documentation of any physical examination findings. To address the claimant's ongoing subjective complaints of numbness and discomfort the treating provider recommended bilateral carpal tunnel release procedures and an ulnar nerve release at the right elbow. The medical records did not include any additional documentation of examination findings, treatment, imaging, or testing for the claimant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent Bilateral Carpal Tunnel Release, Right Ulnar Nerve: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270-271, 37.

Decision rationale: Based on the California ACOEM Guidelines, the request for urgent bilateral carpal tunnel release and right ulnar nerve release cannot be recommended as medically necessary. The medical records include the report of electrodiagnostic studies that show evidence of mild right carpal tunnel syndrome, non-diagnostic left carpal tunnel findings and no evidence of ulnar compressive pathology. There is no documentation of objective findings on examination to support the proposed surgery. Without firm establishment of the diagnosis based on objective findings on examination and positive electrodiagnostic testing, the request for bilateral carpal tunnel and right ulnar nerve decompressive procedure would fail to meet the ACOEM Guideline criteria. Therefore the request is not medically necessary.