

Case Number:	CM14-0157879		
Date Assigned:	10/01/2014	Date of Injury:	03/10/2011
Decision Date:	11/06/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/26/2014

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 58 year old male claimant with reported industrial injury on 3/10/11. Electrodiagnostic studies performed on 5/5/14 demonstrates mild carpal tunnel syndrome. No ulnar neuropathy is noted. Exam note 8/25/14 demonstrates tenderness to palpation of the radiocarpal joint. Positive Phalen's sign and media nerve compression sign is noted. Patient with satisfactory range of motion of the digits is noted. Range of motion with dorsiflexion is 50 degrees, palmar flexion is 50 degrees, radial deviation is 20 degrees and ulnar deviation is 30 degrees. Pronation and supination is noted to be 20 degrees. Request is made for right carpal tunnel release.

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): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Carpal Tunnel Syndrome, Carpal tunnel release surgery (CTR).

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to evaluate for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case there is lack of evidence in the records from 8/25/14 of failed bracing or injections in the records. Therefore the determination is not medically necessary.