

Case Number:	CM14-0159465		
Date Assigned:	10/03/2014	Date of Injury:	05/11/2008
Decision Date:	11/04/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/29/2014

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 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:

Patient's date of injury is March 11, 2008. The patient complains of burning throbbing and numbness in the left hand. Physical examination shows tenderness palpation of the flexor extensor surfaces. There is a positive Phalen's test. Is a positive Tinel's test. Patient had no improvement or pain medications. The patient has been diagnosed with carpal tunnel syndrome. At issue is whether carpal tunnel surgeries 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 surgery for the left hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Indications for Surgery-Carpal Tunnel Release

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand, pain

Decision rationale: The patient does not meet established ODG and MTUS criteria for carpal tunnel surgery. Specifically the medical records do not document adequate trial of conservative measures to include splinting. Electrodiagnostic studies are not present and the medical records are clearly documented carpal tunnel syndrome. The diagnosis has not been clearly established

and conservative measures for the treatment of carpal tunnel syndrome have not been adequately conducted. Surgery is not medically necessary at this time.