

Case Number:	CM14-0164443		
Date Assigned:	10/09/2014	Date of Injury:	09/21/2000
Decision Date:	11/10/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/06/2014

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 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:

The claimant is a 58-year old female with a documented date of injury on 11/21/00. The clinical records provided for review documented that the claimant had bilateral upper extremity complaints and had previously undergone a right carpal tunnel release procedure. Review of previous Electrodiagnostic studies that were only nerve conduction studies of the upper extremities dated 06/26/13 revealed mild median nerve delay at the right wrist and a negative study of the left upper extremity. The report of a clinical follow up visit dated 06/19/14 described continued complaints of discomfort in the neck with radiating pain to the upper extremities. Physical examination findings identified a positive Tinel's and Phalen's testing of the left upper extremity and the findings were negative on the right. The claimant was diagnosed with carpal tunnel syndrome and forearm tendinosis. Based on failed conservative care, a left carpal tunnel release procedure was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left carpal tunnel release: Upheld

Claims Administrator 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), Indications for Surgery

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

Decision rationale: Based on the California ACOEM Guidelines, the request for a left carpal tunnel release procedure cannot be recommended as medically necessary. ACOEM Guidelines support a carpal tunnel release procedure when there is clear establishment of a diagnosis both on physical examination findings and Electrodiagnostic studies. The medical records document that the claimant has negative Electrodiagnostic studies for carpal tunnel findings of the left upper extremity. Without documentation of formal Electrodiagnostic evidence of the diagnosis of left carpal tunnel syndrome, the request for left carpal tunnel release is not medically necessary.