

Case Number:	CM14-0165905		
Date Assigned:	10/20/2014	Date of Injury:	02/03/2012
Decision Date:	11/20/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/08/2014

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 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 42-year-old male with a date of injury of February 3, 2012. The patient has repetitive motion injury. He has a history of multiple body part complaints. Nerve conduction studies from January 2013 show mild to moderate right carpal tunnel syndrome and mild left carpal tunnel syndrome. There is no cervical radiculopathy. On physical examination patient has wrist pain and bilateral Tinel's and Phalen's sign with decreased sensation in the median nerve distribution. The medical records do not document adequate conservative treatment for carpal tunnel syndrome. At issue is whether carpal tunnel release and other hand surgical procedures are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release with possible flexor tenosinovectomy and/or median neurolysis with [REDACTED].: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Hand Chapter, ODG hand Chapter

Decision rationale: This patient does not meet ODG criteria for hand surgery. Specifically, there is no documented adequate trial and failure of conservative treatment for carpal tunnel syndrome or hand pain. There is no documentation of splinting. Is no documentation of carpal tunnel injection in the results of the carpal tunnel injection. It is unclear exactly how much conservative treatment has been completed to date. Medical necessity for hand surgery and wrist surgery not met.