

Case Number:	CM14-0171015		
Date Assigned:	10/23/2014	Date of Injury:	03/01/2012
Decision Date:	12/02/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/16/2014

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:

33-year-old female claimant with an industrial injury dated 03/01/12. Exam note 06/04/14 states the patient returns with hand pain. The patient explains experiencing numbness in her right ring and little fingers. Upon physical exam the patient had decreased sensation with frequent numbness involving the pads of the right thumb, index and long fingers. There a 5mm 2-point discrimination to the radial and ulnar aspects of the right thumb, along with the right index and long fingers measuring 6mm while the radial and ulnar aspect of the right finger and little fingers measure 7mm. The patient completed a positive Tinel's test over the right ulnar at the cubital tunnel, the right ulnar nerve at Guyon's canal and the right median nerve at the carpal tunnel. Diagnosis is noted as right cubital tunnel syndrome moderately severe, right carpal tunnel syndrome, and compression of the right ulnar nerve at the Guyon's canal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release and decompression of right ulnar nerve, with PA assistant:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 eval 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 6/4/14 of failed bracing or injections in the records. Therefore the determination is for non-certification.