

Case Number:	CM14-0175058		
Date Assigned:	10/28/2014	Date of Injury:	11/20/2009
Decision Date:	12/04/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/23/2014

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 General Surgeon 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 records suggest that the symptoms of bilateral carpal tunnel syndrome have progressed yet there is not a report on either an old or recent electrodiagnostic study provided to this reviewer. There is neither documentation of muscle atrophy nor of median nerve distribution of symptoms. There is not a mention of nighttime wrist bracing, NSAID use, physical therapy trial, a home exercise program, exercise, or activity modification. Therefore, the request for bilateral carpal tunnel release is denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 5th Edition (web), 2007, Carpal tunnel-Surgery; ODG Indications for Surgery -- Carpal Tunnel Release

Decision rationale: The records suggest that the symptoms of bilateral carpal tunnel syndrome have progressed yet there is not a report on either an old or recent electrodiagnostic study provided to this reviewer. There is neither documentation of muscle atrophy nor of median nerve

distribution of symptoms. There is not a mention of nighttime wrist bracing, NSAID use, physical therapy trial, a home exercise program, exercise, or activity modification. Therefore, the request for bilateral carpal tunnel release is not medically necessary.

Right Wrist Carpal Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 5th Edition (web), 2007, Carpal tunnel-Surgery; ODG Indications for Surgery -- Carpal Tunnel Release

Decision rationale: The records suggest that the symptoms of bilateral carpal tunnel syndrome have progressed yet there is not a report on either an old or recent electrodiagnostic study provided to this reviewer. There is neither documentation of muscle atrophy nor of median nerve distribution of symptoms. There is not a mention of nighttime wrist bracing, NSAID use, physical therapy trial, a home exercise program, exercise, or activity modification. Therefore, the request for bilateral carpal tunnel release is not medically necessary.