

Case Number:	CM14-0021024		
Date Assigned:	03/19/2014	Date of Injury:	09/26/2013
Decision Date:	06/09/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/20/2014

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 has a subspecialty in Hand Surgery and is licensed to practice in Pennsylvania. 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:

This claimant is a 57-year-old female injured in a work-related accident September 28, 2013. Clinical records for review specific to the claimant's right upper extremity include a prior operative report of January 3, 2014 indicating she underwent a left carpal tunnel release procedure. A follow up clinical record of January 24, 2014 indicates the claimant was status post carpal tunnel release with continued right-sided symptoms. Physical examination is with positive Phalen's and Tinel's testing. Review of all clinical records available fail to demonstrate prior evidence of electrodiagnostic studies in this case. At present, there is a request for a right-sided carpal tunnel release given the claimant's ongoing symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ENDOSCOPIC CARPAL TUNNEL RELEASE PER 2/11/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): (s) 270-271.

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

Decision rationale: Based on California ACOEM guidelines, a surgical process would not be indicated. The claimant's clinical picture does not support carpal tunnel syndrome as there is no

indication of formal electrodiagnostic studies for review to support the surgical process. Guideline criteria indicate that the diagnosis needs to be supported by both physical examination findings and electrodiagnostic testing. The absence of the above would fail to necessitate the surgical process. The request is non certified.