

Case Number:	CM14-0026654		
Date Assigned:	06/13/2014	Date of Injury:	09/27/2009
Decision Date:	07/29/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/03/2014

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 and Utah. 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 injured worker is a 55-year-old who reported an injury on September 27, 2009. On September 5, 2013, the injured worker underwent an EMG (electromyogram)/NCV (nerve conduction velocity) tests which revealed a normal conduction study and normal electromyography. The injured worker underwent a physical examination on January 11, 2014 which revealed the injured worker had pain, numbness, weakness, and positive EMG findings on November 11, 2011. The injured worker had bilateral positive Tinel's and positive Phalen's testing. The injured worker had a bilateral positive compression test over the median nerve. There was bilateral positive thenar atrophy. There was bilateral positive abductor pollicis brevis weakness. There was a positive bilateral Finklestein's test. There was positive bilateral pain over the first dorsal extensor. There was positive pain over the bilateral lateral epicondyle. The diagnoses included bilateral carpal tunnel syndrome with right carpal tunnel syndrome refractory to two injections. The treatment plan included a staged right and left carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT CARPAL TUNNEL RELEASE: 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): 270-271.

Decision rationale: The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines indicate that carpal tunnel syndrome must be proven by positive findings on clinical examination and the diagnostics should be supported by nerve conduction tests before surgery is undertaken. The clinical documentation submitted for review indicated the injured worker had a positive EMG on November 18, 2011. However, the most recent EMG of September 5, 2013 revealed the injured worker had normal findings in both the nerve conduction study and electromyography. The request for left carpal tunnel release is not medically necessary or appropriate.