

Case Number:	CM14-0027744		
Date Assigned:	06/16/2014	Date of Injury:	09/26/2011
Decision Date:	07/30/2014	UR Denial Date:	02/04/2014
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 Texas. 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 61-year-old female who reported an injury on 09/26/2011. The mechanism of injury was not specifically stated. The current diagnoses include status post bilateral carpal tunnel release with residual neurological symptoms, bilateral de Quervain's tenosynovitis, and minimally symptomatic flexor pollicis longus tendonitis. The patient is status post right carpal tunnel release in 10/2011 and left carpal tunnel release in 01/2012. The patient was evaluated on 12/04/2013 with complaints of persistent wrist and forearm pain and paresthesia in the digits. The physical examination revealed full range of motion, positive Tinel's testing, hypersensitivity on the left, and positive Phalen's testing. The patient also demonstrated positive Finkelstein's testing and diminished grip strength. Treatment recommendations at that time included a corticosteroid injection followed by possible carpal tunnel release. It is noted that the injured worker underwent an electrodiagnostic study on 08/25/2013, which indicated right and left median neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal Tunnel Surgery: Upheld

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

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

Decision rationale: The California MTUS ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management, and have clear clinical and special study evidence of a lesion. Carpal tunnel syndrome must be proved by positive findings on examination and supported by nerve conduction studies. As per the documentation submitted, the injured worker does have electrodiagnostic evidence of carpal tunnel syndrome bilaterally. The physical examination does reveal positive Tinel's and Phalen's testing, hypersensitivity, positive Finkelstein's testing, and limited grip strength. However, there is no mention of an exhaustion of conservative treatment. The injured worker is currently pending a corticosteroid injection. Furthermore, the current request does not specify whether the carpal tunnel surgery is for the right upper extremity or the left upper extremity. Based on the clinical information received, the request is not medically necessary.