

Case Number:	CM14-0027972		
Date Assigned:	07/25/2014	Date of Injury:	08/09/2006
Decision Date:	10/08/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/05/2014

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:

The claimant is a 57-year-old female who sustained a vocational injury on August 9, 2006. The medical records provided for review documented that the claimant underwent a right carpal tunnel endoscopic release on October 1, 2013. The postoperative follow up visit dated December 27, 2013 documented that the claimant had increased pain in the right palm and thenar eminence with minimal improvement as a result of the October carpal tunnel surgery. The claimant did not improve with postoperative physical therapy. Physical examination at the office visit revealed atrophy in the right hand over the greater thenar and lesser thenar eminence, tenderness to palpation over the carpal tunnel region, the inability to make a fist and decreased opposition as well as adduction. This review is for open right wrist carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open Right Wrist Carpal Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004); Forearm, Wrist and Hand Complaints, Chapter 11, page 270-271.

Decision rationale: California American College of Occupational and Environmental Medicine (ACOEM) Guidelines recommend that prior to undergoing surgery, there should be clear clinical and special study evidence of a lesion which is shown to benefit in both the short and long term from surgical intervention. The ACOEM Guidelines also recommend that the diagnosis of carpal tunnel syndrome should be electrodiagnostically confirmed prior to proceeding with surgical intervention of a carpal tunnel release. The medical records provided for review do not contain and electrodiagnostic studies performed since the October, 2013, carpal tunnel release to confirm the diagnosis. Therefore, the request for the open right wrist carpal tunnel release cannot be considered medically necessary.