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| Case Number: | CM14-0028971 | | |
| Date Assigned: | 04/07/2014 | Date of Injury: | 06/13/2012 |
| Decision Date: | 05/27/2014 | UR Denial Date: | 12/16/2013 |
| Priority: | Standard | Application Received: | 01/17/2014 |

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 41-year-old male who injured his right shoulder and upper extremities on June 13, 2012 while pulling cables. An electrodiagnostic evaluation took place on June 7, 2013 revealing mild right carpal tunnel syndrome and a negative left upper extremity evaluation. A clinical report dated December 2, 2013 indicates continued complaints of shoulder pain with overhead lifting and activity. There was also continued numbness to the hands and pain. It states that he has utilized a splint on the wrist with no significant benefit. Physical examination demonstrates a positive Phalen's and Tinel's test. Based on failed conservative care and electrodiagnostic studies, carpal tunnel release procedure was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 POSSIBLE RIGHT WRIST CARPAL TUNNEL RELEASE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270. Decision based on Non-MTUS Citation MTUS: CALIFORNIA MTUS-ACOEM OMPG, CHAPTER 11, 265.

Decision rationale: Based on the California MTUS guidelines, carpal tunnel release surgery would be supported. Guidelines indicate that carpal tunnel syndrome must be supported by positive findings on clinical examination and the diagnosis should be supported by nerve conduction test before surgery is undertaken. This individual has failed care including passage of time, splinting and activity restrictions with positive electrodiagnostic studies, and concordant findings on examination. As guideline criteria have been met, the request is medically necessary.