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| Case Number: | CM14-0030484 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 08/11/2012 |
| Decision Date: | 08/13/2014 | UR Denial Date: | 03/05/2014 |
| Priority: | Standard | Application Received: | 03/11/2014 |

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 Surgeon, Hand Surgeon 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 57-year-old female who reported an injury on 08/11/2012. The mechanism of injury was not stated. Current diagnoses include left carpal tunnel syndrome, wrist joint inflammation with ulnar impaction, CMC inflammation, element of weight gain, and element of depression. The injured worker was evaluated on 01/09/2014 with complaints of constant and severe pain. Previous conservative treatment includes bracing, and injections at the wrist joint and base of the thumb. The physical examination revealed exquisite tenderness along the first extensor, CMC, and STT joint on the right, minimal range of motion, weakness, and sensitivity to light touch. Treatment recommendations at that time included carpal tunnel release versus first extensor compartment release and prescriptions for Norco 10/325 mg, Flexeril 7.5 mg, diclofenac sodium 100 mg, Protonix 20 mg, and Trazodone 50 mg. It is noted that the injured worker underwent electrodiagnostic studies on 02/05/2013, which indicated mild left carpal tunnel syndrome.

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. Decision based on Non-MTUS Citation Official Disability Guidelines regarding carpal tunnel release surgery (CTR).

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 including worksite modifications, and have clear clinical and special study evidence of a lesion. As per the documentation submitted, the injured worker does maintain electrodiagnostic evidence of mild left carpal tunnel syndrome. However, the current request does not list the specific body part. There is also no objective evidence of carpal tunnel syndrome upon physical examination. Based on the clinical information received, the request is not medically necessary.