

Case Number:	CM14-0031042		
Date Assigned:	06/20/2014	Date of Injury:	10/21/1996
Decision Date:	08/13/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/12/2014

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 59-year-old female who reported an injury on 10/21/1996. The mechanism of injury was not stated. Current diagnoses include cervical spine spondylosis and lumbar spine spondylosis. The injured worker was evaluated on 11/15/2013 with complaints of neck and back pain with radiation into the bilateral upper and lower extremities. Physical examination revealed limited cervical and lumbar range of motion with tenderness to palpation. The injured worker also demonstrated decreased sensation in the bilateral hands. Treatment recommendations included continuation of the current medication regimen and an electrodiagnostic study of the bilateral lower extremities. It is noted that the injured worker underwent electrodiagnostic studies of the bilateral upper and lower extremities on 12/18/2013, which indicated severe sensorimotor median neuropathy across the wrist bilaterally.

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: California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flag of a serious nature, conditions, fail to respond to conservative management including work site modifications, and have clear clinical and special study evidence of a lesion. As per the documentation submitted, there was no mention of an attempt at conservative treatment prior to the request for a carpal tunnel release. There is also no objective evidence of carpal tunnel syndrome upon physical examination. Therefore, the injured worker does not meet criteria for the requested procedure. As such, the request is not medically necessary.