

Case Number:	CM14-0032064		
Date Assigned:	06/20/2014	Date of Injury:	04/02/2007
Decision Date:	07/17/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/13/2014

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 Orthopaedic 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 56-year-old female sustained an industrial injury on 4/2/07. The mechanism of injury is not documented. The 5/13/13 bilateral upper extremity EMG/NCV conclusion documented a normal study with no evidence of carpal tunnel syndrome, peripheral neuropathy, or radiculopathy. The 2/10/14 treating physician report cited quite a bit of pain in the right palm with throbbing, numbing sensation in the right hand. Physical exam findings documented no right grip strength due to pain, positive Tinel's, positive Phalen's, and decreased sensation over the thumb, index and middle digits. The diagnosis was right carpal tunnel syndrome. The patient had reportedly failed all conservative treatment including bracing and physical therapy, and had a positive EMG/NCV. The patient was capable of modified duty. The 2/21/14 utilization review denied the request for right carpal tunnel release and associated requests based on an absence of no positive nerve conduction study finding for carpal tunnel syndrome and no indication of an injection being performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CARPAL TUNNEL SYNDROME, CARPAL TUNNEL RELEASE SURGERY (CTR).

Decision rationale: Under consideration is a request for right carpal tunnel release. The ACOEM guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. The Official Disability Guidelines recommend carpal tunnel release surgery after an accurate diagnosis of moderate or severe carpal tunnel syndrome, including electrodiagnostic testing. Guideline criteria have not been met. Electrodiagnostic studies were reported as normal and there was no evidence of a definitive diagnostically positive injection. Therefore, this request for right carpal tunnel release is not medically necessary.

Medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation INSTITUTE FOR CLINICAL SYSTEMS IMPROVEMENT (ICSI). PREOPERATIVE EVALUATION.

Decision rationale: As the request for right carpal tunnel release is not medically necessary, the request for medical clearance is also not medically necessary.

Post op Norco #25: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE, HYDROCODONE/ACETAMINOPHEN Page(s): 76-80, 91.

Decision rationale: As the request for right carpal tunnel release is not medically necessary, the request for post-op Norco #25 is also not medically necessary.