

Case Number:	CM14-0032964		
Date Assigned:	06/20/2014	Date of Injury:	09/26/2013
Decision Date:	08/13/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/14/2014

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, has a subspecialty in Hand Surgery 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 58-year-old female who reported an injury on 09/26/2013. The mechanism of injury was not stated. The current diagnosis is right/left carpal tunnel syndrome. The injured worker was evaluated on 03/04/2014 with complaints of persistent upper extremity pain. It was noted that the injured worker has completed 6 sessions of physical therapy to date. The physical examination revealed a well-healed scar in the left hand, positive nerve compression testing, positive Phalen's testing, positive Durkan's testing, and normal strength. The treatment recommendations at that time included a continuation of the current medication regimen. The injured worker was released to return to modified duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open carpal tunnel release, right side: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 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 work site modifications, and have clear clinical and special study evidence of a lesion. Carpal tunnel syndrome must be proved by positive findings on clinical examination and supported by nerve conduction studies. As per the documentation submitted, there is no mention of an exhaustion of conservative treatment including work site modifications. There were also no electrodiagnostic reports submitted for this review. Based on the clinical information received, the request is not medically necessary and appropriate.