

Case Number:	CM14-0036807		
Date Assigned:	06/25/2014	Date of Injury:	07/18/2012
Decision Date:	08/13/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/26/2014

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:

A patient with reported industrial injury of 7/18/12. Exam note from 12/9/13 demonstrates patient with complaint of neck pain radiating to the left shoulder, left arm and hand. Exam demonstrates constant numbness and tingling in bilateral hands. Report of positive Tinel's signs and Phalen's sign. Electrodiagnostic studies from 3/6/13 demonstrate no evidence of carpal tunnel syndrome or ulnar neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Carpal Tunnel Release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Indications for Surgery - Carpal Tunnel Release.

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to evaluate for carpal tunnel and stratifies success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case there is lack

of evidence in the records from 3/6/13 of electrodiagnostic evidence of carpal tunnel syndrome. In addition, there is lack of evidence of injections in the records or response from injections into the carpal tunnel. Therefore the determination is for non-certification.