

Case Number:	CM14-0037821		
Date Assigned:	06/25/2014	Date of Injury:	01/24/2012
Decision Date:	07/28/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/31/2014

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 and 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 64-year-old female who reported an injury on 01/24/2012. The documentation of 02/20/2014 revealed the injured worker had right wrist pain with numbness in the distribution are of the right median nerve. The injured worker had a positive Tinel's and Phalen's. The injured worker had tenderness at the carpal tunnel. There was atrophy at the thenar eminence. The injured worker underwent an EMG/NCV, which revealed entrapment neuropathy of the median nerves at both wrists with mild slowing of the nerve conduction velocity. The injured worker was diagnosed with carpal tunnel syndrome.

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 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 ACOEM Guidelines indicate that referral for surgical consultations may be appropriate for injured workers who have red flags of a serious nature, failure to respond to conservative management and have clear clinical and special study evidence of a lesion that has

been shown to benefit in both the long and short term from surgical intervention. Carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction study before surgery is undertaken. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination and documentation of positive findings upon nerve conduction studies. However, there is a lack of documentation of a failure of conservative treatment. The request for Right carpal tunnel release is not medically necessary.

Pre-op 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 cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.