

Case Number:	CM14-0039233		
Date Assigned:	06/27/2014	Date of Injury:	09/19/2003
Decision Date:	07/29/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/03/2014

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 and 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 65-year-old female who reported an injury on 09/19/2003 due to an unknown mechanism of injury. The injured worker's treatment history included occupational therapy, medications, and left-sided carpal tunnel release with ulnar nerve decompression. The injured worker was evaluated on 03/05/2014 with numbness. It was documented that the injured worker complained of numbness of the left hand. Physical findings included a positive Tinel's and Phalen's sign on the left side. The injured worker underwent an electrodiagnostic study in 12/2012 that documented right-sided carpal tunnel syndrome. The injured worker's current diagnoses include left carpal tunnel syndrome with possible ulnar nerve decompression at the wrist, and status post left cubital tunnel release. The injured worker's treatment plan included left carpal tunnel release surgery. The injured worker underwent an electrodiagnostic study on 05/16/2014 that documented there was evidence of significant left carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel release: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The requested left carpal tunnel release is medically necessary and appropriate. California Medical Treatment Utilization Schedule recommends carpal tunnel release for patients who have clear findings of median nerve entrapment that are supported by an imaging study that have failed to respond to conservative treatment. The clinical documentation does indicate that the patient has failed to respond to conservative treatment and has clinical findings of median nerve entrapment to support carpal tunnel syndrome. Additionally, in 05/2014, the injured worker underwent an electrodiagnostic study that supported that the patient had significant electrodiagnostic evidence of carpal tunnel syndrome. Therefore, surgical intervention would be indicated in the clinical situation. As such, the requested left carpal tunnel release is medically necessary and appropriate.