

Case Number:	CM14-0043653		
Date Assigned:	07/02/2014	Date of Injury:	12/14/2011
Decision Date:	08/25/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/10/2014

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:

The claimant is a 53-year-old male with an industrial injury dated 12/14/11. Patient had a magnetic resonance imaging (MRI) on 08/14/13 in which demonstrated a mild partial tear of the triangular fibrocartilage complex without evidence of full-thickness tearing. In addition, there was evidence of bone marrow edema affecting the lunate and proximal scaphoid, mild tenosynovitis of the flexor pollicis longus, and mild tenosynovitis affecting the second, third and fourth extensor compartments. Exam note 11/07/13 states patient returned with numbness and tingling of the bilateral hands, in particular his thumb and index finger. Patient reports to have been using a cubital comfort brace and a Modabber wrist brace since August. Conservative treatments have included a cortisone injection and splints at night providing some pain relief. Exam note 03/06/14 states in the examination of the left wrist, a negative Tinel's and ulnar nerve subluxation was reported, a positive direct compression and a positive hyperflexion. Electromyography (EMG) and nerve conduction velocity (NCV) testing on 9/20/13 demonstrated no electrodiagnostic evidence of left median mononeuropathy across the wrist. No electrodiagnostic studies of the ulnar or radial neuropathy. ██████████ recommended that the patient have a left endoscopic carpal tunnel release, possible open, with left cubital tunnel release, and a possible medical epicondylectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

WRIST ENDOSOPY/SURGERY: 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).

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 evaluation 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 9/20/13 of electrodiagnostic evidence of carpal tunnel syndrome. Therefore, the determination is not medically necessary.