

Case Number:	CM14-0048728		
Date Assigned:	06/25/2014	Date of Injury:	02/05/2010
Decision Date:	08/25/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/27/2014

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 50-year-old male who sustained a vocational injury on February 5, 2010. The clinical records provided for review document current working diagnoses of right and left hand sprain/strain, tendonitis, and carpal tunnel syndrome. The report of the office visit dated January 31, 2014 noted complaints of right shoulder pain and tightness. On examination of the bilateral wrists and hands there was evidence of restricted range of motion with tenderness of distal radial and ulnar joint and a positive Tinel's and Phalen's test indicative of carpal tunnel syndrome. The report of electromyography/nerve conduction studies on December 11, 2013 showed normal electromyography study findings revealing no electrophysiological evidence of cervical radiculopathy or chronic denervation in the muscle study. There was a normal nerve conduction velocity study finding revealing no electrophysiologic evidence of peripheral, sensory or measured neuropathy. The medical records lack documentation of conservative treatment which has been undertaken to date for the bilateral wrists and hands. This request is for right carpal tunnel release followed by left carpal tunnel release six to eight weeks later.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release followed by left carpal tunnel release six to eight weeks later:
Upheld

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

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

Decision rationale: Based on the California ACOEM Guidelines, the request for right carpal tunnel release followed by left carpal tunnel release six to eight weeks later cannot be recommended as medically necessary. The medical records provided for review do not document electromyography/nerve conduction studies confirming carpal tunnel pathology at either the right or left wrist. The ACOEM Guidelines recommend electrophysiologic evidence confirming pathology of carpal tunnel syndrome is required prior to considering surgical intervention for such. In addition, there is a lack of documentation the claimant has attempted, failed, and exhausted conservative treatment regimen prior to considering and recommending surgical intervention. Therefore, based on the documentation presented for review and in accordance with the California ACOEM Guidelines, the request for the right carpal tunnel release followed by left carpal tunnel release six to eight week later cannot be considered medically necessary.