

Case Number:	CM14-0056082		
Date Assigned:	07/09/2014	Date of Injury:	06/05/2011
Decision Date:	09/09/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/25/2014

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 Pennsylvania. 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 61-year-old female injured in a work-related accident and whose date of injury is noted as June 5, 2011. The records available for review document injuries to the bilateral upper extremities due to repetitive motion and current diagnoses of carpal tunnel syndrome, cervicgia and lumbago Specific to the bilateral carpal tunnel syndrome, a January 14, 2014, progress report documents continued complaints at the wrists with activities. Physical examination showed diminished sensation characterized as being consistent with carpal tunnel syndrome. No neurologic findings or electrodiagnostic study reports were provided, though the treating provider documents that electrodiagnostic studies were performed and were positive for carpal tunnel syndrome. Based on what the records state is failed conservative care, this request is for bilateral carpal tunnel release surgeries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient bilateral carpal tunnel releases: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation ODG Indications for Surgery - Carpal Tunnel Release.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: Based on California ACOEM Guidelines, bilateral carpal tunnel release would not be indicated. The reviewed records do not reference objective physical examinations consistent with carpal tunnel syndrome. Specifically, there is no documentation of Phalen's, Tinel's or Durkan's testing. While there is a reference to positive electrodiagnostic studies in a progress note, the formal reports were not provided for review to support or rule out the diagnosis. Absent this range of information supporting the diagnosis, this request would not be established as medically necessary.