

Case Number:	CM14-0070038		
Date Assigned:	07/14/2014	Date of Injury:	05/19/2013
Decision Date:	09/10/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/15/2014

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 Orthopaedic 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:

This 44-year-old male sound mixer sustained an industrial injury on 5/19/13. Injury occurred when he exited a production trailer and fell 6 feet to the pavement due to an unsecured handrail. He sustained multiple fractures of the right wrist and underwent open reduction and internal fixation on 5/25/13 and subsequent hardware removal on 7/13/13. Past surgical history was positive for anterior cervical decompression and fusion at C6/7 in 1999, and L5/S1 lumbar fusion in 2002. The 9/26/13 bilateral upper extremity EMG/NCV documented left C6 radiculopathy and bilateral moderate median nerve compression. The 2/14/14 QME evaluation documented right wrist exam findings of normal range of motion and negative Phalen's, Tinel's, and Finkelstein tests. No surgical intervention was recommended relative to the right wrist. The 3/7/14 initial orthopedic report cited bilateral wrist and neck pain. Objective exam documented cervical paravertebral muscle tenderness, muscle guarding and spasms, and bilateral upper trapezius trigger points. Bilateral wrist exam documented palmar tenderness, positive Phalen's and Tinel's, restricted range of motion, and 4/5 strength. The treatment plan recommended right carpal tunnel release. The 4/7/14 utilization review denied the right carpal tunnel release as there was no documentation of symptoms other than pain and no evidence of conservative treatment, including corticosteroid injection.

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. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome Chapter.

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

Decision rationale: The ACOEM guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification, splinting, medications and positive corticosteroid injection. Guideline criteria have not been met. There is limited documentation of median nerve symptoms. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Therefore, this request is not medically necessary.