

Case Number:	CM14-0070943		
Date Assigned:	07/14/2014	Date of Injury:	08/28/2013
Decision Date:	08/29/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/16/2014

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 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 40-year-old female who reported an injury on 08/28/2013. The mechanism of injury involved repetitive activity. Current diagnoses include right trigger thumb, rule out right carpal tunnel syndrome, right shoulder subacromial impingement syndrome, and complaints of stress and sleep difficulty. The latest physician progress report submitted for this review is documented on 02/25/2014. Physical examination on that date revealed normal range of motion of the bilateral elbows, negative provocative testing, normal range of motion of the bilateral wrists, positive Phalen's testing on the right, positive Durkan's compression testing on the right, tenderness along the right thumb A1 pulley, and diminished grip strength on the right. Treatment recommendations at that time included updated electrodiagnostic testing.

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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management including work site modifications, and have clear clinical and special study evidence of a lesion. Carpal tunnel syndrome must be proved by positive findings on clinical examination and supported by nerve conduction tests. There is no documentation of carpal tunnel syndrome upon physical examination. There is no mention of an attempt at any conservative treatment. There were also no electrodiagnostic reports submitted for this review to corroborate a diagnosis of carpal tunnel syndrome. Based on the clinical information received, the request is non-certified.