

Case Number:	CM14-0072102		
Date Assigned:	07/16/2014	Date of Injury:	05/07/1999
Decision Date:	08/14/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/19/2014

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 General 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 61-year-old male has apparently sustained a multitude of injuries. This report is limited to the hands and wrists. Electrodiagnostic studies 12/17/13, revealed severe right carpal tunnel syndrome and moderate left carpal tunnel syndrome. Ulnar neuropathy was not noted in either upper extremity. On 4/24, numbness and tingling was again reported in the hands/fingers in a median nerve distribution bilaterally, especially on the right except for occasionally in the ring finger. He is awakened from sleep (with hand pain) and drops things. Repetitive and weight-bearing activities increase his symptoms. He uses a cane or walker. Rest, medications, and a change in position provide partial relief. Grip strength is decreased. Tinel's on the right is markedly positive; Phalen's was positive; carpal compression testing was positive. Mild atrophy of the thenar eminence was noted bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sided carpal tunnel release: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines, indications for surgery - carpal tunnel release and carpal tunnel syndrome (acute and chronic) sections.

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

Decision rationale: This patient has subjective complaints consistent with carpal tunnel syndrome. He has objective findings consistent with carpal tunnel syndrome. There are electrodiagnostic studies, which support a diagnosis of right carpal tunnel syndrome. The patient has been thru physical therapy for other body parts and with his carpal tunnel syndrome being of such long-standing, the likelihood of conservative management being of any assistance to this individual is nil. Carpal tunnel release is medically necessary and, therefore, approved. The preoperative and postoperative visits are part of the standard of care and, thus would also be approved. Therefore, the request is medically necessary.

Pre-operative visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation surgery general information and ground rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: This patient has subjective complaints consistent with carpal tunnel syndrome. He has objective findings consistent with carpal tunnel syndrome. There are electrodiagnostic studies, which support a diagnosis of right carpal tunnel syndrome. The patient has been thru physical therapy for other body parts and with his carpal tunnel syndrome being of such long-standing, the likelihood of conservative management being of any assistance to this individual is nil. Carpal tunnel release is medically necessary and, therefore, approved. The preoperative and postoperative visits are part of the standard of care and, thus would also be approved. Therefore, the request is medically necessary.

Post-operative visit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: This patient has subjective complaints consistent with carpal tunnel syndrome. He has objective findings consistent with carpal tunnel syndrome. There are electrodiagnostic studies, which support a diagnosis of right carpal tunnel syndrome. The patient has been thru physical therapy for other body parts and with his carpal tunnel syndrome being of such long-standing, the likelihood of conservative management being of any assistance to this individual is nil. Carpal tunnel release is medically necessary and, therefore, approved. The preoperative and postoperative visits are part of the standard of care and, thus would also be approved. Therefore, the request is medically necessary.