

Case Number:	CM14-0072163		
Date Assigned:	07/16/2014	Date of Injury:	11/05/2013
Decision Date:	09/08/2014	UR Denial Date:	05/14/2014
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 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 58-year-old female who was injured in a work related accident on 11/05/13. Specific to her left upper extremity, the clinical records provided for review document a working diagnosis of carpal tunnel syndrome. The clinical records do not identify any preoperative electrodiagnostic testing. The treating provider documents that electrodiagnsotic studies were performed on 12/18/13 that were consistent with carpal tunnel and cubital tunnel syndrome. The 02/11/14 progress report showed positive Tinel's and Phalen's testing bilaterally at the carpal tunnel and burning pain with Durkin's testing. The recommendation was made for a staged carpal tunnel release procedure since conservative treatment of injection, physical therapy, antiinflammatory agents and restrictive activity has failed to improve the claimant's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Carpal Tunnel Release with possible Flexor Synovectomy, under Median Nerve Block as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270.

Decision rationale: Based on California ACOEM Guidelines, the request for Left Carpal Tunnel Release with possible Flexor Synovectomy, under Median Nerve Block as an outpatient is not recommended as medically necessary. While the claimant is noted to have symptoms consistent with carpal tunnel syndrome on examination, there is currently no documentation of electrodiagnostic studies confirming the presence of carpal tunnel syndrome. ACOEM Guidelines recommend that carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Without clinical correlation between electrodiagnostic testing and claimant's current physical exam findings, the need for operative procedure to the left wrist would not be supported.