

Case Number:	CM14-0074095		
Date Assigned:	07/16/2014	Date of Injury:	04/17/2009
Decision Date:	08/15/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/21/2014

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:

This 41-year-old female eligibility worker sustained an industrial injury on 4/17/09. The mechanism of injury was not documented. The 12/4/13 treating physician report cited moderate neck pain radiating to both shoulders and severe low back pain radiating to the both legs. Therapy was reported to be helping. Activities of daily living were affected. Physical exam documented palpable cervical and lumbar tenderness and spasms with decreased range of motion. Decreased sensation was reported over the right index and middle fingers. The treatment plan recommended follow-up with psychology for depression, physical therapy, and bilateral upper extremity EMG/nerve conduction study. The patient was to remain off work. The 5/13/14 utilization review denied the request for carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal tunnel surgery: 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.

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. Guideline criteria have not been met. There is no clinical or electrodiagnostic evidence of carpal tunnel syndrome documented on the records provided. There is no evidence that conservative treatment has been tried and has failed. Therefore, this request for carpal tunnel release is not medically necessary.