

Case Number:	CM14-0075132		
Date Assigned:	07/16/2014	Date of Injury:	10/12/2013
Decision Date:	09/08/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/23/2014

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 is a 41 year old claimant with reported industrial injury on 10/12/13. Diagnosis is made of carpal tunnel syndrome. Exam note on 2/26/14 demonstrates report of Tinel's sign over the median nerve at the elbow with slight Tinel's sign over the ulnar nerve bilaterally. Prominent Tinel's is noted over the median nerve of the right wrist compared with the left wrist. Symmetric hyperesthesia is noted on the radial side of the ring finger compared to the ulnar side supporting carpal tunnel syndrome. Nerve conduction studies from 1/27/14 demonstrate moderate to severe carpal tunnel on the right and mild carpal tunnel on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release and Neurolysis: Upheld

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 Disabilities Guidelines (ODG), Reed Group/The Medical Disability Advisor, Colorado state guidelines, rule 17, exhibit 2.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel, Carpal Tunnel Release Surgery.

Decision rationale: CA MTUS/ACOEM do not specifically address neurolysis. According to ODG, Carpal Tunnel syndrome, Carpal Tunnel Release Surgery, Adjunctive procedures: The 2008 AAOS CTS clinical treatment guidelines concluded that surgeons not routinely use the following procedures when performing carpal tunnel release: Skin nerve preservation and Epineurotomy. The following procedures had no recommendation for or against their use: Flexor retinaculum lengthening, Internal neurolysis; Tenosynovectomy, and Ulnar bursa preservation. Therefore, neurolysis is not recommended and the combined request by the treating physician is not medically necessary.