

Case Number:	CM14-0087905		
Date Assigned:	07/23/2014	Date of Injury:	05/01/2003
Decision Date:	08/27/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/11/2014

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 Orthopaedic 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 52-year-old male sustained an industrial injury on 5/1/03. Past surgical history was positive for left thumb suspension arthroplasty, revision arthroplasty, and right ulnar shortening osteotomy and triangular fibrocartilage complex debridement. The 3/4/14 treating physician report cited continued right arm difficulties. He had numbness radiating from the neck to the elbow, and sometimes to the wrist and fingers. There was no nighttime numbness. He had right thumb discomfort and difficulty in activities like turning keys. Physical exam documented right elbow tenderness along the common extensor origin, painful resisted wrist extension, bilateral thumb tenderness, and significant crepitation with right thumb movement. The patient was diagnosed with right Eaton stage III thumb basilar joint arthritis and right lateral epicondylitis. Additional conservative treatment was recommended for the right thumb and elbow. A surgical request was received on 5/1/14. The 5/14/14 utilization review certified a request for right thumb reconstruction with post-operative splinting and physical therapy. A request for carpal tunnel release was denied, noting that NCV had been approved on 5/1/14.

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.

Decision rationale: The California MTUS 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 exam evidence consistent with carpal tunnel syndrome documented on the available records. There is no documentation of nerve conduction study findings consistent with carpal tunnel syndrome. Therefore, this request for right carpal tunnel release is not medically necessary.