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| Case Number: | CM14-0096676 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 08/22/2013 |
| Decision Date: | 08/26/2014 | UR Denial Date: | 05/14/2014 |
| Priority: | Standard | Application Received: | 06/02/2014 |

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 50-year-old gentleman who sustained an injury to the bilateral upper extremities on August 22, 2013. The report of electrodiagnostic studies dated September 19, 2013 of the bilateral upper extremities was noted to be normal. The progress report of May 7, 2014 described bilateral symptoms of carpal tunnel syndrome with positive Tinel's and compression testing bilaterally. The claimant was diagnosed with carpal tunnel syndrome. The recommendation was made for left carpal tunnel release and volar fasciotomy procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left 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): 265, 270.

Decision rationale: Based on the California ACOEM Guidelines, the request for left carpal tunnel release cannot be supported. The electrodiagnostic studies are normal and do not identify carpal tunnel syndrome. The 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. This individual has normal electrodiagnostic studies from September 19, 2013. Without clinical correlation between examination findings and electrodiagnostic evidence of carpal tunnel syndrome, the operative process would not be necessary. Therefore, Left Carpal Tunnel Release is not medically necessary.

Volar Fasciotomy: 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): 265, 270.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

s/p Physical Therapy 3x4 to left wrist /hand:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.