

Case Number:	CM13-0006887		
Date Assigned:	12/27/2013	Date of Injury:	12/18/2006
Decision Date:	12/10/2015	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/05/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, California, Connecticut
 Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery

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 59 year old with a date of injury of December 18, 2006. The claimant has been treated for cubital and tunnel carpal syndrome. The claimant is status post surgery for both carpal tunnels performed on the right wrist in 2010 followed by the left wrist in 2011. There is concern over ongoing issues related to cubital and carpal tunnel syndrome. The EMG/Nerve Conduction studies, performed in April 2013, demonstrated severe bilateral median sensory neuropathy at the wrists, severe bilateral ulnar sensory neuropathy at the elbows, and mild bilateral median motor neuropathy at the wrists. The treatment physician diagnosed the claimant with recurrent bilateral severe carpal tunnel syndrome and severe bilateral cubital tunnel syndrome, right greater than left. He has proposed surgery for final revision open median nerve neurolysis with flexor tenosynovectomy at the right wrist and concomitant right cubital tunnel release with possible anterior subcutaneous transposition of the ulnar nerve. The records provided from the doctor's office do not document any type of conservative care provided for cubital or carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Clearance: Labs: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.