

Case Number:	CM14-0131140		
Date Assigned:	08/20/2014	Date of Injury:	05/10/2012
Decision Date:	02/10/2015	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/15/2014

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 59 year old female with a work related injury dated 05/10/2012 while performing duties as a bus driver and cafeteria assistant. According to an orthopedic visit note dated 05/13/2014, the injured worker presented with complaints of numbness of the hands, right hand and wrist pain, and residual weakness of the bilateral upper extremity. Diagnoses included status post left lateral epicondyle release, carpal tunnel syndrome, de Quervain's disease, headaches, and cervical symptoms. Treatments have consisted of medications. Diagnostic testing is not noted in received medical records. Work status is noted as permanent and stationary with work restrictions stating no lifting beyond 10 to 15 pounds and no heavy pushing or pulling, repetitive power gripping or grasping, or repetitive movement of the left elbow. On 08/01/2014, Utilization Review denied the request for Right Carpal Tunnel Release Surgery citing American College of Occupational and Environmental Medicine Guidelines. The Utilization Review physician stated that there is inadequate information to make a medical necessity determination. Specifically, current physical exam note with subjective and objective findings, copy of electrodiagnostic studies, and conservative treatment completed with the outcome are required by guidelines. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT CARPAL TUNNEL RELEASE SURGERY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist, and Hand Complaints page 270, Electro diagnostic testing is required to eval for carpal tunnel and stratifies success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case, there is lack of evidence in the records from 5/13/14 of electro diagnostic evidence of carpal tunnel syndrome. In addition, there is lack of evidence of failed bracing or injections in the records. Therefore, the determination is not medically necessary.