

Case Number:	CM14-0196656		
Date Assigned:	12/04/2014	Date of Injury:	06/25/2012
Decision Date:	01/27/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/24/2014

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:

32 year old female claimant with an industrial injury dated 06/25/12. Undated EMG reveals severe nerve damage and carpal tunnel syndrome in the right greater than the left. Exam note 11/06/14 states the patient returns with right wrist pain. The patient rates the pain an 8/10, and explains that as a result of the right wrist injections she had significant pain relief. The patient's last injection was dated July 2014. Current medications include Tramadol, and Ibuprofen for pain relief. The patient also states that she seeks pain relief through Voltaren gel and her wrist braces. Upon physical exam the patient demonstrated decreased sensation in the right first three fingers. The patient had a decreased hand grip strength with 3/10. The patient completed a positive Tinels and Phalens test. There was evidence of tenderness in the right hand as well. Treatment includes right carpal tunnel release.

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: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery- Carpal Tunnel Release

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, Electrodiagnostic testing is required to eval for carpal tunnel and stratify 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 of a formal report documenting electrodiagnostic evidence of moderate to severe carpal tunnel syndrome. Therefore the determination is for non-certification.