

Case Number:	CM15-0008692		
Date Assigned:	01/26/2015	Date of Injury:	09/24/2014
Decision Date:	03/24/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/15/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 injured worker is a 37-year-old male who reported injury on 09/24/2014. The mechanism of injury was cumulative trauma. Other therapies included wrist splinting and 6 sessions of physical therapy. There was no Request for Authorization submitted for review. The documentation of 12/22/2014 revealed the injured worker had symptoms in the bilateral wrists and hands with gripping and grasping activities. The injured worker was unable to play the guitar for more than 5 minutes without developing symptoms. The injured worker indicated splints had helped, but he reported once he is performing any gripping or grasping activities at work, he developed symptoms in the bilateral hands. The injured worker saw a plastic surgeon prior to the examination and a carpal tunnel surgery was noted to be recommended. The physical examination revealed the injured worker had a positive Phalen's test in the right hand. The injured worker had strength of 4+/5 in the right thumb abduction. The documentation further indicated the injured worker underwent an electrodiagnostic study, which revealed evidence of bilateral median sensory mononeuropathy with demyelination across the wrist consistent with mild carpal tunnel syndrome. The diagnoses included bilateral carpal tunnel syndrome, and the treatment plan included a carpal tunnel release and naproxen 500 mg 2 times a day with food.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal tunnel release (right wrist): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that carpal tunnel syndrome should be proven upon physical examination and corroborated by electrodiagnostic studies. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination and the injured worker was noted to have a mildly positive nerve conduction study. However, the official report was not provided for review and, as such, this request is not supported. Therefore, the request for Carpal tunnel release (right wrist) is not medically necessary.