

Case Number:	CM15-0107959		
Date Assigned:	06/12/2015	Date of Injury:	05/09/2011
Decision Date:	07/21/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/04/2015

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, Hand 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 55 year old female who reported an industrial injury on 5/9/2011. Her diagnoses, and/or impressions, are noted to include: shoulder impingement syndrome; carpal tunnel syndrome; cervical disc displacement; and depressive disorder. No current imaging studies are noted. Her treatments have included an agreed medical examination and report in 11/2014; consultations; medication management; and rest from work. The progress notes of 4/28/2015 noted complaints of bilateral shoulder and upper extremity pain. Objective findings were noted to include positive findings. The physician's requests for treatments were noted to include right carpal tunnel surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel surgery: 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): 260-270.

Decision rationale: The mechanism of injury dishes falling onto the injured worker's head on May 9, 2011 would not cause carpal tunnel syndrome. The majority of reported symptoms including in the most recent printed report of a March 18, 2015 qualified medical evaluation are inconsistent with carpal tunnel syndrome with constant head, neck and bilateral shoulder pain, facial numbness, memory loss and sleep disturbance. The March 18, 2015 orthopedic qualified medical evaluator notes, "Orthopedically, the claimant is maximally medically improved." There are no records providing a rationale for the unusual request for right carpal tunnel release surgery. There is no reasonable expectation such surgery would bring about substantial functional improvement such as decreased reliance on medical treatment or return to work. The request is not medically necessary.