

Case Number:	CM15-0016249		
Date Assigned:	02/04/2015	Date of Injury:	04/06/2013
Decision Date:	04/07/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/28/2015

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: New York
 Certification(s)/Specialty: Neurological 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 injured worker is a 47 year old male, who sustained an industrial injury on April 6, 2013. The diagnosis is carpal tunnel syndrome, epicondylitis and left shoulder decompression and distal clavicle resection. A progress note dated February 4, 2015 is the only provided record and notes the injured worker complains of constant tingling and numbness of the hands. He has minimal sensation in the fingers. He reports he has some pain in the elbows and the left shoulder is much better. Physical exam shows decreased range of motion (ROM), positive shoulder impingement, epicondyle pain and positive Tinel's, Phalen's and Durkin's sign. On December 30, 2014 utilization review non-certified a request for left hand carpal tunnel release. The American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 8, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Hand 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 (ODG) Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 266,270.

Decision rationale: The California MTUS guidelines note that high-quality scientific evidence shows success with carpal tunnel decompression in the majority of patients with electrodiagnostically confirmed diagnosis of carpal tunnel syndrome. The documentation does not show nerve conduction studies have been obtained. The guidelines warn that the patients with the mildest symptoms display the poorest postsurgical results. Guidelines advise nocturnal and diurnal splints be tried. Documentation does not show this has been done. Moreover, the guidelines note the efficacy of corticosteroid injections. Documentation does not show these have been done. Thus the requested treatment: Left hand carpal tunnel release is not medically necessary and appropriate.