

Case Number:	CM15-0137087		
Date Assigned:	07/27/2015	Date of Injury:	08/01/2014
Decision Date:	08/24/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/15/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 29 year old female, who sustained an industrial injury on 8/1/14. She reported pain in left wrist and hand. The injured worker was diagnosed as having wrist sprain and numbness in the distribution of the median nerve. Treatment to date has included carpal tunnel injection with no benefit and Duexis. As of the PR2 dated 6/11/15, the injured worker reports left hand and wrist pain and numbness. Objective findings include a positive Tinel's and Phalen's sign and decreased sensation in the medial nerve. The treating physician requested a left wrist carpal tunnel release. The patient is stated to have normal findings on electrodiagnostic studies, but it is unclear when this was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Wrist Carpal Tunnel release: 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): 261- 272.

Decision rationale: The patient is a 29 year old female with signs and symptoms of a possible left carpal tunnel syndrome that has failed conservative management of NSAIDs, activity modification and a steroid injection. The diagnosis is not supported by electrodiagnostic studies and documentation of splinting was not provided in the records reviewed. From ACOEM Chapter 11, page 261, If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. From page 272, Table 11-7, splinting is considered 1st line conservative management in cases of mild to moderate carpal tunnel syndrome. Based on the lack of conservative management including splinting and that previous EDS were negative, left carpal tunnel release in this patient should not be considered medically necessary. If a trial of splinting is performed and EDS continue to be negative, then left carpal tunnel release could be reconsidered. The request is not medically necessary.