

Case Number:	CM15-0147657		
Date Assigned:	08/10/2015	Date of Injury:	04/16/2015
Decision Date:	09/14/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/29/2015

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 53-year-old female with an industrial injury dated 04-16-2015. The injured worker's diagnoses include bilateral carpal tunnel syndrome. Treatment consisted of nerve conduction study. In a progress note dated 07-09-2015, the injured worker reported bilateral hand numbness with repetitive work and nocturnal numbness. Objective findings revealed reduced sensation in median nerve distribution of bilateral hands. Tinel's, Phalen's and compression test were all positive bilaterally. The treating physician reported that the nerve conduction studies (NCS) revealed moderately severe bilateral carpal tunnel syndrome, right worse than left. The treating physician prescribed services for right carpal tunnel release, now under review.

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 Page(s): 270-271.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-270.

Decision rationale: This is a request for carpal tunnel release surgery. Only a single medical report of July 9, 2015 is provided; absent are results of electro diagnostic testing or mention of recommended conservative treatment such as night splinting and carpal tunnel corticosteroid injection. At this time there is insufficient documentation provided to support the request for surgery. This request is not medically necessary.