

Case Number:	CM15-0168300		
Date Assigned:	09/09/2015	Date of Injury:	03/14/2013
Decision Date:	10/13/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/26/2015

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 57 year old male, who sustained an industrial injury on March 14, 2013. He reported injury to his wrists, left hip and right shoulder. The injured worker was diagnosed as having mild right trigger thumb, rule out carpal tunnel syndrome and bilateral wrist pain. Treatment to date has included right trigger thumb release surgery, diagnostic studies and medication. On February 5, 2015, the injured worker complained of right thumb pain. Physical examination revealed Tinel's sign bilaterally. An EMG study was noted to show carpal tunnel disease bilaterally. The treatment plan included arthroscopic surgery for the left hip, bilateral carpal tunnel surgery, medications and a follow-up visit. On July 29, 2015, utilization review denied a request for one right carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) right carpal tunnel release: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: This is a request for right carpal tunnel release. February 6, 2014 electrodiagnostic testing was consistent with moderate right carpal tunnel syndrome as well as a component of C6-C7 radiculopathy. Records provided document March 4, 2014 right carpal tunnel injection. The California MTUS notes that there is high quality scientific evidence that surgical decompression is successful in the majority of patients with electrodiagnostically confirmed carpal tunnel syndrome and that individuals with moderate or severe carpal tunnel syndrome have better outcomes from surgery than splinting. In this diabetic individual with a probable double crush syndrome or overlapping radicular component, full recovery or total relief of symptoms cannot be anticipated. However, the request for right carpal tunnel release is reasonable and anticipated to be beneficial. The request is medically necessary.