

Case Number:	CM15-0182303		
Date Assigned:	09/23/2015	Date of Injury:	03/13/2013
Decision Date:	11/09/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/16/2015

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 60 year old female injured worker reports an industrial injury of 3-13-2013. The diagnoses included cervical strain with possible cervical radiculopathy. On 7-6-2015 the treating provider reported persistent numbness in both hands. She reported right wrist and hand pain that radiated up the forearm with numbness, tingling and swelling. On exam, the left hand had no deficit in range of motion and negative provocative testing. The electromyography studies on 5-21-2015 revealed bilateral median neuropathy of moderate severity, (CTS) carpal tunnel syndrome or chronic bilateral cervical radiculopathy. The Utilization Review on 8-21-2015 determined non-certification for Left carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter.

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

Decision rationale: This is a request for left carpal tunnel release surgery. Over 1500 pages of records document pain in the neck, low back and all 4 extremities attributed to activities over 2 years ago. The widespread symptoms are not due to left carpal tunnel syndrome. Only a small minority of symptoms could be attributed to left median neuropathy at the wrist. Left carpal tunnel release surgery is not medically necessary and appropriate.