

Case Number:	CM15-0192913		
Date Assigned:	10/07/2015	Date of Injury:	02/11/2011
Decision Date:	11/19/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/01/2015

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 37 year old male, who sustained an industrial-work injury on 2-11-11. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome and bilateral forearm tendinitis. Treatment to date has included medication including Voltaren, Tramadol and Prilosec, rest, splinting and physical therapy. The physician indicates in the medical record dated 3-5-15 that the electromyography (EMG)/nerve conduction velocity studies (NCV) report dated 6-7-11 reveals findings consistent with moderately involved right carpal tunnel syndrome. Medical records dated 8-6-15 indicate that the injured worker complains of continued pain and numbness in the both hands. Per the treating physician report dated 8-6-15 the injured worker has not returned to work. The physical exam dated 8-6-15 reveals that the Tinel's sign and Phalen's tests are positive at the carpal tunnels bilaterally. The request for authorization date was 9-10-15 and requested service included Right carpal tunnel release. The original Utilization review dated 9-21-15 non-certified- the request for Right carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release: Overturned

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

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. In this case I recommend overturning the utilization review decision. The utilization review physician noted that electrodiagnostic testing results were not provided which was undoubtedly the case as they were not provided for my review either. However, records by the requesting surgeon as well as an independent medical evaluator document that electrodiagnostic testing was performed and consistent with carpal tunnel syndrome-the independent medical evaluator's report signed March 5, 2015 notes that June 7, 2011 electrodiagnostic testing was consistent with moderate right carpal tunnel syndrome. The treating surgeon notes that non-surgical treatment for carpal tunnel syndrome including therapy, splinting and anti-inflammatory medications has been ineffective. The California MTUS notes that surgery is more effective than splinting for patients with moderate or severe carpal tunnel syndrome (page 270). With carpal tunnel syndrome confirmed by electrodiagnostic testing and persistently symptomatic despite routine non-surgical treatment with activity modification, splinting, anti-inflammatory medications and therapy, the request for carpal tunnel release surgery is medically necessary.