

Case Number:	CM15-0029406		
Date Assigned:	02/23/2015	Date of Injury:	02/12/2014
Decision Date:	03/31/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/18/2015

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: New York, New Hampshire, Washington
 Certification(s)/Specialty: Orthopedic 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 36 year old female, who sustained an industrial injury on 2/12/14. She has reported neck, left shoulder, back and left wrist injuries doing repetitive work. The diagnoses have included left carpal tunnel syndrome and left shoulder internal derangement. Treatment to date has included medications, acupuncture, interferential unit, chiropractic, conservative measures, and bracing. Currently, the injured worker complains of left hand numbness, tingling, pain and weakness. She states that the pain awakens her at night. The Magnetic Resonance Imaging (MRI) of the left wrist dated 6/16/14 revealed well corticated ossific fragment along the dorsal aspect of the third carpometacarpal joint, consistent with carpal bossing and subcortical cystic change at the base of the third metacarpal bone, most likely degenerative in nature. The electrodiagnostic study of the left ulnar motor nerve dated 5/23/14 revealed evidence of moderate left carpal tunnel syndrome (median nerve entrapment at wrist) affecting the sensory and motor components of the nerves. Physical exam revealed left hand grip weaker than the right, positive Tinel's, Phalen's, and Finkelstein's tests and decreased sensation in the thumb, index and middle finger. The plan was for left carpal tunnel release as she has failed conservative treatment with bracing and medications and had positive test results. On 1/27/15 Utilization Review non-certified a request for 1 left carpal tunnel release, noting the (MTUS) Medical Treatment Utilization Schedule guideline and (ACOEM) Occupational Medicine Practice Guidelines page 270 were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left carpal tunnel release: Overturned

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

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

Decision rationale: The medical records indicate that this patient has left carpal tunnel syndrome. There is electrodiagnostic evidence of left carpal tunnel syndrome. There is documented failure of conservative measures to include PT, NSAIDs, and splinting. MTUS criteria for left carpal tunnel surgery met. Surgery is medically needed.