

Case Number:	CM15-0029520		
Date Assigned:	02/23/2015	Date of Injury:	12/17/2012
Decision Date:	04/02/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/17/2015

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: Illinois, California, Texas
 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 52-year-old female who sustained an industrial injury on 12/17/12, relative to a trip and fall. She sustained a fracture of the left distal radius fracture. The 12/12/13 electrodiagnostic study documented right carpal tunnel syndrome. The 12/23/14 treating physician report cited current symptoms of bilateral wrist pain and bilateral hand numbness. Left wrist exam documented a radial shortening deformity and positive Tinel's sign. Range of motion of the left wrist was moderately limited. She was able to make a full fist bilaterally with no thumb atrophy. Sensation was decreased over both thumbs and index fingers. X ray of the left wrist revealed malunited fracture of the distal radius with shortening and dorsal angulation. The diagnosis included malunited left wrist distal radius fracture and bilateral carpal tunnel syndrome. Treatment was requested for a left carpal tunnel release. On 01/23/2015 Utilization Review non-certified the request for left carpal tunnel release and cited was California Medical Treatment Utilization Schedule (MTUS) - American College of Occupational and Environmental Medicine (ACOEM), and Official Disability Guidelines. The rationale for non-certification documented a lack of electrodiagnostic evidence and no documentation of failed conservative treatment.

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 ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The California MTUS guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. Guideline criteria have not been met. Records documented positive electrodiagnostic findings for right carpal tunnel syndrome. Although there are physical exam findings consistent with left carpal tunnel syndrome, there is no electrodiagnostic evidence of left carpal tunnel syndrome documented in the available records. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.