

Case Number:	CM15-0035931		
Date Assigned:	03/05/2015	Date of Injury:	06/13/2012
Decision Date:	04/14/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/25/2015

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

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 55-year-old male who reported an injury on 06/13/2012. The mechanism of injury was not stated. The current diagnosis is carpal tunnel syndrome. The injured worker presented on 10/02/2014, for a follow-up evaluation. It was noted that the injured worker had been previously treated with physical therapy. Upon examination, there was exquisitely positive Tinel's sign of the cubital tunnel, and a slightly positive Tinel's sign at the carpal tunnel. There was a positive Phalen's test and abnormal sensation in all fingers. Recommendations included a carpal tunnel re-release of the right cubital tunnel and carpal tunnel. A Request for Authorization form was then submitted on 10/02/2014. It was also noted that the injured worker underwent electrodiagnostic studies on 08/08/2012, which revealed evidence of carpal tunnel syndrome and bilateral median and ulnar neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal Tunnel surgery (outpatient): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The CA MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management including work site modification, and who have clear, clinical and special study evidence of a lesion. Carpal tunnel release must be proved by positive findings on clinical examination and supported by nerve conduction tests. In this case, the injured worker's physical examination only revealed a slightly positive Tinel's sign, with positive Phalen's test. Two-point discrimination was not documented. There was no documentation of an exhaustion of conservative management. In addition, the request as submitted for a carpal tunnel syndrome does not specifically indicate whether the procedure is to be done on the right or left side. Given the above, the request is not medically appropriate at that time.