

Case Number:	CM15-0040029		
Date Assigned:	03/10/2015	Date of Injury:	03/11/2014
Decision Date:	04/21/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/03/2015

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 32 year old male who sustained a work related injury March 11, 2014. According to a primary treating physician's progress report dated January 5, 2015, the injured worker presented with residual pain in the bilateral wrists associated with an occasional tingling sensation. He states the prescribed medications, IF (interferential) unit and chiropractic treatments have provided relief. He has received 26 sessions of physical therapy, 17 sessions of chiropractic treatment and 24 sessions of acupuncture. Diagnoses included chronic repetitive motion disorder, without evidence of mechanical dysfunction cervical, thoracic, and lumbar spine; chronic repetitive motion disorder, bilateral shoulders, with partial tear of supraspinatus of musculotendinous junction, right shoulder; chronic repetitive motion disorder, bilateral wrists, with bilateral carpal tunnel syndrome; chronic fume exposure with headaches; blurry vision, rule out error of refraction; tinnitus, bilateral and anxiety with sleep disorder. There is notation in the records that carpal tunnel release will be left as a possibility in future medical care. Treatment plan included requests for bilateral carpal tunnel release surgery, referral for final functional capacity evaluation, continuing home exercise regime and use of IF unit for pain symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Carpal Tunnel Vision: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. There is notation in the records that carpal tunnel release will be left as a possibility in future medical care. In this case there is lack of evidence in the records from 1/5/15 of a formal request for carpal tunnel release. In this case there is lack of evidence in the records from 1/5/15 of a formal request for carpal tunnel release. Therefore the determination is not medically necessary.