

Case Number:	CM15-0043661		
Date Assigned:	03/13/2015	Date of Injury:	08/20/2001
Decision Date:	04/17/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/09/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 54-year-old male who sustained an industrial injury on 8/20/01. The injured worker reported symptoms in the right wrist. The injured worker was diagnosed as having right hand strain/sprain tendinitis and carpal tunnel syndrome. Treatments to date have included casting, physical therapy, activity modification, oral muscle relaxants, and oral pain medication. Currently, the injured worker complains of right wrist pain. The plan of care was for right carpal tunnel release surgery and a follow up appointment at a later date. The patient is noted to have signs and symptoms of right carpal tunnel syndrome with positive Tinel's, Phalen's and decreased 2 point discrimination on examination. He has undergone medical management, splinting, activity modification and physical therapy. The patient is noted to have mild/moderate bilateral carpal tunnel syndrome on electrodiagnostic studies dated 6/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release Surgery: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The patient is a 54 year old with signs and symptoms of right carpal tunnel syndrome that has failed conservative management and is supported by positive electrodiagnostic studies. From ACOEM page 270, 'CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken.' This has been well documented for this patient and thus, right carpal tunnel release should be considered medically necessary. It appears that the UR did not have access to the records of the electrodiagnostic studies or previous conservative management.