

Case Number:	CM15-0049562		
Date Assigned:	03/23/2015	Date of Injury:	08/20/2010
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/16/2015

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 64 year old female, who sustained an industrial injury on 08/20/2010. Currently, the injured worker complains of right forearm pain. Exam note from 2/13/15 demonstrates pain and tenderness to resisted wrist extension over the right lateral epicondyle. The medial epicondyle was normal. There was a negative Tinel's at the cubital tunnel in her right elbow. She had exquisite tenderness over the radial tunnel with direct palpation with numbness at the radial tunnel and a negative Maudsley test. On her right wrist, she had a positive Finkelstein test and negative Tinel's test. Diagnoses included right lateral epicondylitis, right de Quervain's tenosynovitis and right radial tunnel syndrome. Treatment to date has included right carpal tunnel release in 2011. The injured worker received an injection of Xylocaine, Marcaine and Kenalog over her right radial tunnel under ultrasound guidance. Work status included regular work duty. She was to wear a thumb guard at work. On 02/26/2015 right carpal tunnel release surgery was denied by Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right CTR surgery: 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: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electro diagnostic testing is required to eval for carpal tunnel and stratifies success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case there is lack of evidence in the records from 2/13/15 of electro diagnostic evidence of carpal tunnel syndrome. In addition, there is lack of evidence of failed bracing or injections in the records. Therefore, the determination is for non-certification. The requested treatment is not medically necessary.