

Case Number:	CM15-0062447		
Date Assigned:	04/08/2015	Date of Injury:	03/21/2014
Decision Date:	05/12/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/02/2015

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 female, who sustained an industrial injury on 03/21/2014. She has reported injury to the bilateral hands/wrists. The diagnoses have included bilateral wrist sprain/strain; and bilateral carpal tunnel syndrome. Treatment to date has included medications, diagnostics, bracing, extracorporeal shockwave treatments, and physical therapy. Medications have included Ibuprofen and topical compounded creams. A progress note from the treating physician, dated 03/19/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of numbness in her hands; and she does not have any significant pain if she sleeps with her braces on. Objective findings included positive Tinel's sign over the median nerves bilaterally and the ulnar nerve on the right; median nerve compression test and Phalen's test were positive bilaterally; and elbow flexion test caused numbness bilaterally. The treatment plan has included the request for left carpal tunnel release, post-op PT 2 x 8 left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel release, post op pt 2x8 left wrist: 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, Electrodiagnostic 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 3/19/15 of failed bracing or injections in the records. Therefore, the determination is not medically necessary for the carpal tunnel release and associated postoperative physical therapy.