

Case Number:	CM14-0108656		
Date Assigned:	08/01/2014	Date of Injury:	02/04/2011
Decision Date:	09/09/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/14/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 58-year-old female housekeeper who sustained a vocational injury on February 4, 2011 when she slipped and fell while mopping a floor. There is a report of a office visit dated May 1, 2014, documented diagnoses of disc protrusion of the cervical spine, status post right shoulder arthroscopy of August 2, 2013, status post lumbosacral discectomy of December 11, 2012. The claimant complained of pain and numbness in both hands due to carpal tunnel syndrome and pain in the neck and low back. Examination revealed tenderness of the cervical spine, a positive Phalen's Test of the bilateral wrists and positive disc pain on pressure of the lumbar spine. Recommendation was made for Electromyogram (EMG)/Nerve Conduction Studies (NCS), epidural injections at the C3-4,C4-5 level and over the counter medications. This review is for right carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Based on the guidelines, the request for right carpal tunnel release is not recommended as medically necessary. The medical records do not define the conservative treatment that has been provided for the right sided symptoms. The documentation also fails to establish the claimant has failed traditional first line conservative treatment options prior to recommending and consideration surgical intervention. The documentation fails to establish the claimant has had EMG/nerve conduction studies performed which confirms the diagnosis and pathology of carpal tunnel syndrome which may be amenable to surgical intervention. The guidelines recommend that carpal tunnel syndrome must be proven by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Therefore, based on the documentation presented for review and in accordance with the guidelines, the request for the right carpal tunnel release cannot be considered medically necessary.