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| Case Number: | CM14-0135629 | | |
| Date Assigned: | 08/29/2014 | Date of Injury: | 07/09/2012 |
| Decision Date: | 10/06/2014 | UR Denial Date: | 08/11/2014 |
| Priority: | Standard | Application Received: | 08/22/2014 |

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 Mississippi. 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 injured worker is a 49 year-old female who was reportedly injured on 7/9/2012. The mechanism of injury is not listed in these records reviewed. Most recent progress note dated 6/17/2014, indicates that there are ongoing complaints of right hand and wrist pain, right shoulder pain, and neck pain that radiates in the right upper extremity. The physical examination demonstrated: positive Tinel's and positive Phalen's at the right wrist. Diminished sensation median nerve distribution right hand. Right shoulder, cervical examination essentially unchanged. Limited range of motion with pain. Spasm of the cervical trapezius. Diagnostic imaging studies include an electromyogram/nerve conduction velocity of the bilateral upper extremities dated 3/13/2014 which reveals normal study, evidence suggestive of a right median sensory neuropathy (mild) consistent with mild right carpal tunnel syndrome. Previous treatment includes medications, and modified duty. A request was made for surgical consideration for right carpal tunnel release of the right wrist, and was not certified in the pre-authorization process on 8/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release for Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): page 270 surgical considerations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support carpal tunnel release for patients with positive clinical findings of carpal tunnel syndrome and a positive electrodiagnostic study. Although the claimant has signs and symptoms consistent with carpal tunnel syndrome, and the electrodiagnostic study revealed mild carpal tunnel syndrome on the right wrist. There is also no indication that the claimant underwent a carpal tunnel cortisone injection. As such, the requested surgery is considered not medically necessary. Please note the injured worker also has neck and shoulder pain which could contribute to the right hand and wrist pain. The neck and shoulder should be investigated prior to proceeding with the surgical procedure of the right hand. Therefore, the request of Right Carpal Tunnel Release for Right Wrist is not medically necessary and appropriate.