

Case Number:	CM14-0139640		
Date Assigned:	09/05/2014	Date of Injury:	07/27/2012
Decision Date:	10/10/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/28/2014

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 Texas. 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 29-year-old female who reported an injury on 07/25/2012 due to a cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her bilateral upper extremities. The injured worker's treatment history included right carpal tunnel release in 08/2013. The injured worker's left carpal tunnel syndrome was treated conservatively with physical therapy, medications, and a home exercise program. The injured worker was evaluated on 07/21/2014. Physical examination findings of the left wrist documented decreased grip strength of the left hand when compared to the right, with a positive Phalen test and a positive Tinel's sign of the left wrist. The injured worker's diagnoses included status post right carpal tunnel surgery with thenar atrophy, left carpal tunnel syndrome with tendinitis, lumbar spine sprain/strain, and headaches. A request was made for left carpal tunnel release. A Request for Authorization to support the request was submitted on 07/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy X 1 Visit, And Home Exercise Program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Surgery: Left Carpal Tunnel Surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter Carpal Tunnel Syndrome, Web Edition

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

Decision rationale: The request for left carpal tunnel surgery is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends carpal tunnel release for patients who have clinical signs of carpal tunnel syndrome, supported by an electrodiagnostic study, that failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has clinically evident carpal tunnel syndrome that has been recalcitrant to conservative treatment. However, an electrodiagnostic study to support the request was not submitted for review. Therefore, surgical intervention would not be supported in this clinical situation. As such, the request for left carpal tunnel surgery is not medically necessary or appropriate.