

Case Number:	CM14-0146542		
Date Assigned:	09/12/2014	Date of Injury:	06/18/2010
Decision Date:	10/14/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/09/2014

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:

This is a 56-year-old female who injured her bilateral upper extremities in a work related accident on 06/18/10. The clinical records provided for review included the 08/06/14 PR-2 report documented a diagnosis of carpal tunnel syndrome and requested a bilateral carpal tunnel release procedure. The Agreed Medical Examination on 10/10/13, documented complaints of low back and radicular lower extremity pain but no documentation of upper extremity complaints. Physical examination of the hand and wrist showed negative Tinel's testing and Phalen's testing at the carpal tunnel. The report documented that electrodiagnostic studies reviewed from 03/08/13 showed mild slowing at the median nerve bilaterally which was suggestive of carpal tunnel syndrome. There was no documentation of specific treatment for the injured worker's hands or wrists. No other office notes or medical records were provided. This review is for bilateral carpal tunnel release procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral carpal tunnel release (CTR): 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): 265, 270.

Decision rationale: Based on California ACOEM Guidelines, the request for bilateral carpal tunnel release procedures would not be indicated. The ACOEM Guidelines for carpal tunnel syndrome recommend that the diagnosis should be firmly established by positive electrodiagnostic studies, history and physical examination. While this individual has suggestive findings of carpal tunnel in a mild fashion based on the 2013 electrodiagnostic testing, there are no formal objective findings on examination for carpal tunnel syndrome, based on the medical records provided for review. There is no documentation of any conservative treatment dating back to October 2013. As such, this request is not medically necessary.