

Case Number:	CM14-0148627		
Date Assigned:	09/18/2014	Date of Injury:	04/03/2008
Decision Date:	10/16/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/12/2014

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 47 year old female who was injured in work-related accident on April 3, 2008. The medical records provided for review included clinical evaluation on August 14, 2014, noting continued complaints of pain in the hands and elbows bilaterally. The report documents that the claimant has been authorized for left cubital tunnel release surgery. The physical examination on that date revealed positive Tinel's and Phalen's testing at the carpal tunnels bilaterally and that the claimant had classic findings of both cubital and carpal tunnel syndrome. Failed conservative care has included rest, splinting, medications and physical therapy. Recommendation was made for concordant surgery for left cubital tunnel and carpal tunnel release. The report of electrodiagnostic studies dated June 26, 2014, identified moderate right carpal tunnel syndrome and moderate left ulnar neuropathy. There was no evidence of positive electrodiagnostic findings of compression at the left median nerve or electrodiagnostic evidence of left carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Carpal Tunnel Release: 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): 265, 270..

Decision rationale: Based on California ACOEM Guidelines, the request for left carpal tunnel release cannot be recommended as medically necessary. ACOEM Guidelines recommend that carpal tunnel syndrome be proven by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. The medical records provided for review reveal negative electrodiagnostic studies in regards to the claimant's left median nerve. Based on the negative electrodiagnostic studies performed in June 2014 the request for surgical intervention of the claimant's left median nerve at the wrist would not be supported.