

Case Number:	CM14-0161033		
Date Assigned:	10/06/2014	Date of Injury:	10/08/2007
Decision Date:	11/04/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	10/01/2014

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 45-year old individual who sustained a vocational injury on 10/08/07. The medical records provided for review included the office note dated 08/06/14 documenting that the claimant underwent right carpal tunnel release on 06/12/14, was in postoperative physical therapy, and had ongoing complaints of neck pain radiating to the right arm, pain in right shoulder and residual stiffness of the right wrist. The claimant also had continued numbness in the ulnar aspect of the right hand correlating with cubital tunnel syndrome of the right elbow. The claimant also had continuous numbness of the radial half of the left hand correlating with carpal tunnel syndrome of the left wrist. Physical examination revealed a healed scar of the right wrist with full range of motion and moderate grip weakness of the right hand. Examination of the left wrist showed a positive Tinel's sign. The report documented that previous EMG nerve conduction studies showed C7 radiculopathies as well as bilateral carpal tunnel syndrome and cubital tunnel syndrome of the right elbow; the formal report and the date of the study was not provided. A previous Utilization Review determination noted that physical therapy was requested for the left wrist; however, there is no documentation suggesting this was performed or what the results of the treatment were. It was also noted that left carpal tunnel release was performed 05/16/08, with complications post-operatively. This review is for a left carpal tunnel release.

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

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

Decision rationale: The California ACOEM Guidelines recommend failure to respond to conservative management, including worksite modifications and there should be clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. The medical records provided for review do not contain the formal EMG/nerve conduction study confirming left carpal tunnel syndrome. There is a lack of documentation that the claimant has attempted, failed and exhausted conservative treatment options including worksite modifications prior to considering recommending surgical intervention. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines, the request for the left carpal tunnel release cannot be considered medically necessary.