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| Case Number: | CM14-0163597 | | |
| Date Assigned: | 10/08/2014 | Date of Injury: | 04/02/2010 |
| Decision Date: | 11/07/2014 | UR Denial Date: | 09/05/2014 |
| Priority: | Standard | Application Received: | 10/06/2014 |

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 61-year old female who developed pain in her right hand, arm and shoulder radiating into her low back on 04/02/10. The medical records provided for review included an EMG performed on 06/27/14 that noted bilateral mild carpal tunnel syndrome, right greater than left prolonged median sensory latencies across the wrist. There was no evidence of ulnar or radial neuropathy or significant cervical radiculopathy. On an office note dated 08/21/14, the claimant complained of pain in the right hand and was diagnosed with recurrent right carpal tunnel syndrome. The office note dated 09/11/14 noted that the claimant had pain in her right hand and was documented to have a "positive" EMG for the diagnosis of right carpal tunnel syndrome. This review is for the request for right wrist carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal Tunnel Release, right wrist: 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): 270-271.

Decision rationale: The California ACOEM Guidelines recommend that prior to considering surgical intervention for the forearm, wrist and hand complaints there should be documentation that claimant has failed to respond to conservative treatment, including work-safe modifications. In addition, 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 with specific regards to carpal tunnel syndrome. The medical records do not contain any current objective physical examination findings supporting the diagnosis of active carpal tunnel syndrome in the claimant's right hand. There is a lack of documentation that claimant has attempted to fail an exhausted conservative treatment which should include work-safe modifications, night-time splinting, anti-inflammatories, formal physical/ occupational therapy and/or carpal tunnel injection prior to recommending and proceeding with a revision carpal tunnel release. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines, a request for right wrist carpal tunnel release cannot be considered medically necessary.

EMG/NCS to bilateral upper extremities: 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): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Carpal Tunnel Syndrome chapter; Electrodiagnostic studies (EDS)

Decision rationale: The medical records provided for review included the report of EMG Nerve conduction studies performed on 06/27/14, which confirmed a diagnosis of bilateral mild carpal tunnel syndrome. There is no documentation the claimant has progressive, or developed worsening symptoms which would necessitate a repeat study of the same type just four months from the initial study. Therefore, based on the documentation presented for review and the ACOEM Guidelines, also supported by the Official Disability Guidelines, and the fact that the claimant does not have documentation of progressive or worsening symptoms in the right hand, the request for the repeat EMG and nerve conduction studies of the bilateral upper extremities cannot be considered medically necessary.