

Case Number:	CM14-0072408		
Date Assigned:	07/16/2014	Date of Injury:	08/09/2006
Decision Date:	09/26/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/19/2014

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 57-year-old female who was involved in a vocational injury on 08/09/06. The medical records provided for review included an office note dated 04/18/14 that documented current diagnoses of frozen left shoulder, left carpal tunnel syndrome, right carpal tunnel syndrome, left trigger thumb, right trigger thumb, and pain in the left shoulder and arm. The office note described complaints of left shoulder pain, symptoms from bilateral carpal tunnel syndrome, left triggering of the thumb and right triggering of the thumb. The patient previously had a right carpal tunnel release on 05/22/12. There was no documentation of objective findings on examination of the right wrist. The EMG nerve conduction study dated 04/09/14 was documented to be within normal limits but that only nerve conduction studies were performed as needle examination was not authorized. The recommendation was made to proceed with a needle examination to assess for cervical radiculopathy. This review is for right open carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right open carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Carpal Tunnel Syndrome, Indications for Surgery.

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 there should be documentation that claimant has failed to respond to conservative management including worksite modifications. ACOEM also recommend that there should be clear clinical and special study evidence that a lesion has been shown to benefit in both the short and long-term from surgical intervention. The medical records provided for review do not confirm that the claimant has attempted, failed, and exhausted conservative treatment measures prior to considering and recommending surgical intervention. There is also no documentation of abnormal objective findings on examination for carpal tunnel syndrome. The electrodiagnostic studies performed on 04/09/14 also do not identify or confirm the diagnosis of carpal tunnel syndrome. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines, the request for the right open carpal tunnel release cannot be considered medically necessary.