

Case Number:	CM14-0082590		
Date Assigned:	07/21/2014	Date of Injury:	09/20/2013
Decision Date:	09/26/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/04/2014

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, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 42 year old male who reported an injury to the bilateral upper extremities. No information was submitted regarding the mechanism of injury. A clinical note dated 01/21/14 indicated the injured worker complaining of numbness at hands, thumbs, index, and middle fingers, left worse than right. The injured worker rated pain at 8-10/10. The injured worker had positive Tinel sign at the left wrist. The injured worker was recommended to initiate physical therapy. The electrodiagnostic studies on 02/19/14 revealed evidence of mild to moderate bilateral median motor demyelinating neuropathy across the wrists. A clinical note dated 12/06/13 indicated no initial injury had taken place. However, the injured worker described cumulative trauma because of repetitive motions. The injured worker reported cramping, shooting, aching, intermittent numbness and tingling at both wrists. The therapy note dated 02/20/14 indicated the injured worker completing six physical therapy sessions to date. A clinical note dated 04/23/14 indicated the injured worker utilizing night time splints and ibuprofen for pain relief. The injured worker reported ongoing numbness and tingling in the hands. Paresthesia radiated from the wrists into the fingers with ongoing nocturnal symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Endoscopic vs Open Carpal Tunnel Release: Upheld

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

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

Decision rationale: The injured worker complained of numbness and tingling and paresthesia in both wrists. The injured worker underwent use of nighttime splinting, non-prescription analgesia, and physical therapy. However, no information was submitted confirming carpal tunnel symptoms by provocative testing other than a positive Tinel sign in the left wrist. Without this information in place it is unclear if the injured worker would benefit from the proposed surgical intervention. Given this, the request is not indicated as medically necessary.