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| Case Number: | CM13-0069541 | | |
| Date Assigned: | 04/21/2014 | Date of Injury: | 01/24/2012 |
| Decision Date: | 10/15/2015 | UR Denial Date: | 12/13/2013 |
| Priority: | Standard | Application Received: | 12/23/2013 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

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 62 year old who sustained an industrial injury on 01-24-2012. Diagnoses include left medial epicondylitis, rule out internal derangement of the left wrist, rule out left cubital syndrome, right of left guyon canal syndrome, and left shoulder impingement syndrome with possible rotator cuff tear. A physician progress note dated 07-13-2013 documents the injured worker has continued pain in the left wrist, hand and elbow rated 3 out of 10. She has shoulder pain rated 6 out of 10 and it increased at night. On 11-19-2013 the injured worker has complaints of left arm pain rated at 4 out of 10 but varies throughout the day depending on her level of activity. On examination her bilateral shoulders reveal positive Hawkins's; bilateral elbows reveal positive Elbow Flexion test, and there is tenderness along the medial aspect of the left elbow. An unofficial Electromyography and Nerve Conduction Velocity done on 03-15-2015 revealed severe right median sensor neuropathy at the wrist. Mild left ulnar mortar neuropathy at the elbow and mild left median sensory neuropathy at the right. An unofficial Magnetic Resonance Imaging of the left elbow done on 03-05-2013 revealed a mild amount of fluid seen in the left elbow joint, and subcortical cystic structure seen at the distal humerus next to the cartilaginous surface consistent with geode formation. Jamar right-22-22-30, and left 28-30-32. Documented treatment to date has included diagnostic studies, medications, and physical therapy. Her treatment plan included left ulnar nerve decompression at the elbow, and left shoulder arthroscopic subacromial decompression. On 12-13-2013 the UR non-certified the request for a left carpal tunnel release, endoscopic versus open. Carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction test before surgery is undertaken. Positive EDS in asymptomatic individuals is not 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, endoscopic versus open: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: This is a request for left carpal tunnel release, which was determined to be unnecessary by a utilization reviewer in 2013. No medical records are provided to support the request. No records from the treating physician in the last 2 years are provided for review. There is no documentation to support the need for left carpal tunnel release surgery.