

Case Number:	CM14-0210164		
Date Assigned:	12/23/2014	Date of Injury:	10/27/2011
Decision Date:	02/28/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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

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 65-year-old female, with a reported date of injury of 10/27/2011. The result of the injury was left hand and wrist pain. The current diagnoses include cervical radiculitis at the left C6 distribution; C5-6 herniated nucleus pulposus; left shoulder rotator cuff impingement/tear; and symptoms of left carpal tunnel syndrome. The past diagnoses include cervical radiculitis at the left C6 distribution; C5-6 herniated nucleus pulposus; left shoulder rotator cuff impingement/tear; and symptoms of left carpal tunnel syndrome. Treatments have included Ultracet for pain; Motrin for inflammation; and a home exercise program. The follow-up orthopedic report dated 11/11/2014 indicates that the injured worker complained of continued pain in the neck, left shoulder, left hand, and low back. She rated her pain 5 out of 10. It was reported that when the injured worker would take the medications, the pain improved by 50%. The physical examination of the left wrist and hand showed a positive Tinel's sign and Phalen's test. The treating physician requested a left carpal tunnel release. The injured worker's status was permanent and stationary. On 11/24/2014, Utilization Review (UR) denied the request a left carpal tunnel release. The UR physician noted that there was a limited description of the injured worker's symptoms to be consistent with the examination findings; there was no evidence of a positive electrodiagnostic test or a positive response to a diagnostic cortisone injection to confirm a diagnosis; and that there was no indication of conservative measures attempted and failed to address the left wrist and left hand symptoms. The ACOEM Guidelines and the Official Disability Guidelines were cited.

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: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome Procedure Summary

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to evaluate for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate a diagnosis. In this case there is lack of evidence in the records from 11/11/14 of electrodiagnostic evidence of carpal tunnel syndrome. In addition, there is lack of evidence of failed bracing or injections in the records. Therefore the request is not medically necessary.