

Case Number:	CM15-0010416		
Date Assigned:	01/28/2015	Date of Injury:	12/03/2011
Decision Date:	03/18/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/19/2015

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: Illinois, California, Texas
 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 47 year old male with a date of injury as 12/03/2011. The current diagnoses include status post left rotator cuff repair and decompression (11/7/14), right carpal tunnel syndrome, and cervical degenerative disc disease with facet pain. Previous treatments include medications, physical therapy, and left rotator cuff repair with decompression. The 2/19/13 right upper extremity EMG/NCV study documented borderline median motor neuropathy of unclear clinical significance. Findings did not definitely suggest right carpal tunnel syndrome. The 12/12/14 left upper extremity EMG/NCV study was normal. Report dated 12/22/2014 noted that the injured worker presented with complaints that included left shoulder, arm, leg, and low back pain. Physical examination revealed shoulder tenderness, and limited range of motion. Upper extremity sensation was reported intact. The utilization review performed on 01/09/2015 non-certified a prescription for right carpal tunnel release based on no clear indication for surgery. The reviewer referenced the California MTUS ACOEM in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right 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

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

Decision rationale: The California MTUS guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. Guideline criteria have not been met. There are no clinical exam findings reported that evidence carpal tunnel syndrome. Electrodiagnostic studies in 2013 stated that findings did not definitely suggest right carpal tunnel syndrome. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request for right carpal tunnel release is not medically necessary at this time.