

Case Number:	CM15-0110336		
Date Assigned:	06/17/2015	Date of Injury:	10/11/2010
Decision Date:	07/15/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/08/2015

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: California, Indiana, Oregon
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 36 year old female, who sustained an industrial injury on October 11, 2010. She reported right hand and right elbow pain. The injured worker was diagnosed as having carpal tunnel syndrome status post left ulnar surgery in 2007. Treatment to date has included diagnostic studies, physical therapy, chiropractic care, medications and work restrictions. Currently, the injured worker complains of continued right hand and elbow pain. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Electrodiagnostic studies in March of 2012, revealed evidence of right carpal tunnel syndrome. Evaluation on April 9, 2015, revealed continued pain as noted. She noted not requiring pain medications when in chiropractic or physical therapy. She noted the pain returned when she was not participating in those therapies. Right carpal tunnel surgery was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right endoscopic versus 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(ODG).

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 eval for carpal tunnel and stratify success in carpal tunnel release. In this case the NCS/EMG from shows cubital tunnel, but no evidence of carpal tunnel syndrome. Based on this the request is not medically necessary.