

Case Number:	CM15-0114104		
Date Assigned:	06/22/2015	Date of Injury:	07/30/2013
Decision Date:	08/04/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/12/2015

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: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic 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 60 year old female with an industrial injury dated 07/01/2011. Her diagnoses included carpal tunnel syndrome and dupuytren's contracture. Prior treatment included ice, physical therapy and diagnostics. She presents on 08/02/2013 for bilateral hand and wrist injuries. She states the pain is keeping her up at night within the last year. She noted fingers always felt cold with numbness in right middle and ring finger constantly. She was having difficulty with grip and grasp. Physical exam revealed nodules in palmar hand overlying ulnar aspect of palm with fingers held in slight flexion. Right wrist and palm was tender. Tinel's was positive on the right and mildly positive on the left. The provider documents the nerve conduction studies showed mild carpal tunnel syndrome in 2012. The official report was not in the submitted records. Treatment plan included carpal tunnel surgery, physical therapy and bracing. The treatment request is for retrospective right wrist open carpal tunnel release surgery with date of service 09/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective right wrist open carpal tunnel release surgery DOS 9-20-13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265; 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: The patient is a 60 year old female with signs and symptoms of right carpal tunnel syndrome that has failed conservative management of NSAIDs, bracing and activity management. This is supported by stated EDS findings of a mild carpal tunnel syndrome. No documentation was provided that considered a steroid injection to help facilitate the diagnosis. From page 272, ACOEM, Table 11-7, injection of corticosteroids into to the carpal tunnel is recommended in mild to moderate cases of carpal tunnel syndrome after trial of splinting and medication. As there was no documentation of a consideration for steroid injection and that the patient does not have findings of a severe condition, right carpal tunnel release is not medically necessary.