

Case Number:	CM15-0121067		
Date Assigned:	07/01/2015	Date of Injury:	07/19/2011
Decision Date:	07/31/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/23/2015

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 68 year old female, who sustained an industrial injury on 7/19/2011. She reported a fall with a head injury resulting in acute pain in the left hand and wrists, neck, upper and lower back. Diagnoses include lumbar degenerative disc disease, radiculitis, impingement syndrome, bilateral carpal tunnel syndrome. She is status post left carpal tunnel release on 4/21/15. Treatments to date include activity modification, medication therapy, physical therapy, and therapeutic joint injections and epidural steroid injections. Currently, she complained of ongoing right hand numbness. There was report of improvement with the left wrist and numbness status post release with lingering left wrist post-operative pain. On 4/29/15, the physical examination documented a diagnosis of right carpal tunnel syndrome by electromyogram and nerve conduction studies (EMG/NCS). The plan of care included right carpal tunnel release.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery-Carpal Tunnel Release.

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

Decision rationale: The patient is a 68 year old female with signs and symptoms of possible right carpal tunnel syndrome. History has noted numbness of the right hand and positive Tinel's and Phalen's on the right side consistent with right carpal tunnel syndrome. Conservative management has included splinting, NSAIDs and activity modification. EDS (electrodiagnostic studies) are consistent with a moderate right carpal tunnel syndrome. The patient had undergone a steroid injection of the left carpal tunnel (prior to left carpal tunnel release); however, there is not recent documentation of a right carpal tunnel injection to help facilitate the diagnosis. From ACOEM, page 272, 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 has not been consideration for a right carpal tunnel steroid injection, right carpal tunnel release should not be considered medically necessary.