

Case Number:	CM15-0124465		
Date Assigned:	07/09/2015	Date of Injury:	08/05/2014
Decision Date:	08/11/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/29/2015

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

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

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 54 year-old male who sustained an industrial injury on 08/05/14. He reported bilateral forearm and hand pain. Diagnoses include carpal tunnel syndrome. Diagnostic tests and treatments to date include EMG/NCV, radiographic imaging, physical therapy, wrist splints, anti-inflammatory medication, and cortisone injections. Currently, the injured worker complains of pain to bilateral wrists rated as a 6 on a 10 point pain scale, right greater than left. He has increased tremor to the right hand. Plan of care and treatment request includes carpal tunnel release. Work status is to remain off work; there is no disability status available. Date of Utilization Review: 06/04/15

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpel tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-270.

Decision rationale: In this case, the injured worker's symptoms are widespread including in the neck, both upper extremities, low back and both lower extremities. Only a minority of symptoms could be attributed to carpal tunnel syndrome. The California MTUS recommends the diagnoses of carpal tunnel syndrome be supported by electrodiagnostic testing; the results of such testing are not provided for review. March 29, 2015 cervical spinal MRI was consistent with high grade right and moderate to high grade left neuroforaminal stenosis at the C5-6 level which could cause overlapping symptoms. Records reviewed do not document standard non-surgical treatment for carpal tunnel syndrome such as night splinting and carpal tunnel corticosteroid injection. Studies have shown good correlation between temporary improvement following carpal tunnel corticosteroid injection and subsequent relief following carpal tunnel release surgery and the response to carpal tunnel injection can be particularly useful in a case such as this in determining what portion of the injured worker's symptoms might reasonably be improved by surgery. Records provided do not adequately support the appropriateness of the proposed surgery. The request is not medically necessary.