

Case Number:	CM15-0125008		
Date Assigned:	07/09/2015	Date of Injury:	11/03/2014
Decision Date:	08/05/2015	UR Denial Date:	06/23/2015
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, 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(n) 36 year old female, who sustained an industrial injury on 11/3/14. She reported injury to her right wrist and hand related to repetitive activity. The injured worker was diagnosed as having right carpal tunnel syndrome, trigger finger of the right ring finger and trigger finger of the right middle finger. Treatment to date has included a wrist splint, an EMG/NCS of the upper extremities on 5/11/15 with normal results, Tylenol #3 and Tramadol. As of the PR2 dated 5/14/15, the injured worker reports right wrist and hand pain. Pain is improved with Toradol shot and worse with use. Objective findings include negative Tinel's sign at the wrist and elbow, a positive finger catching and tender nodules at the base of fingers. The treating physician requested a 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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery.

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 electrodiagnostic studies presented from 5/11/15 do not evidence carpal tunnel syndrome. Based on this, request for release is not medically necessary.