

Case Number:	CM15-0069039		
Date Assigned:	04/16/2015	Date of Injury:	10/30/2010
Decision Date:	05/15/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/13/2015

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 63 year old male with an industrial injury dated October 30, 2010. The injured worker diagnoses include severe left carpal tunnel syndrome, left cubital tunnel syndrome, peripheral neuropathy, degenerative arthritis, both hands, status post right carpal tunnel release 1/12/2015, and status post right cubital tunnel release 1/12/2015. Treatment consisted of diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 3/16/2015, the injured worker reported numbness in the right small, ring, middle and index fingers. The injured worker also reported no pain in the right wrist/hand, right elbow, left elbow or left wrist/hand. Objective findings revealed tenderness to palpitation of the medial and lateral epicondylitis bilaterally. The treating physician reported positive right and left Tinel's test, flexion test, Phalen's test, and Durkan's compression test. The treating physician prescribed services for left hand/wrist surgery for carpal tunnel release now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left hand/wrist surgery for carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 164, 270, 273.

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 addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case, there is lack of evidence in the records from 3/10/15 of electrodiagnostic studies supporting the diagnosis of carpal tunnel syndrome. Further, there is no evidence of non-operative treatment methods failing. Therefore, the requested procedure is not medically necessary.