

Case Number:	CM15-0073850		
Date Assigned:	04/24/2015	Date of Injury:	02/11/2011
Decision Date:	05/22/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/20/2015

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 37 year old male, who sustained an industrial injury on 2/11/2011, due to reported cumulative trauma. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, bilateral forearm tendinitis, and trapezial, paracervical and cervical sprain/strain. Treatment to date has included diagnostics, splinting, and medications. Currently, the injured worker complains of worsening pain and numbness in his hands. Tinel's and Phalen's tests were positive at the carpal tunnels bilaterally. Electrodiagnostic studies were documented as showing moderate carpal tunnel syndrome. Medications included Voltaren, Prilosec, and Tramadol ER. The treatment plan included right carpal tunnel release. His work status was total temporary disability. A prior PR2 report, dated 11/05/2014, noted authorization for right carpal tunnel release. At this time, the injured worker wanted to put surgery off due to financial concerns.

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 Page(s): 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-270.

Decision rationale: The California MTUS notes that traditional clinical findings of carpal tunnel syndrome have limited diagnostic value and the diagnosis should be supported by electro-diagnostic abnormalities. Over 100 pages of records were submitted for review, but those records do not include electro-diagnostic testing. In the absence of electro-diagnostic evidence of median neuropathy at the wrist, the request for carpal tunnel decompression surgery is not supported and is not medically necessary.