

Case Number:	CM15-0075496		
Date Assigned:	04/27/2015	Date of Injury:	12/03/2010
Decision Date:	06/11/2015	UR Denial Date:	03/27/2015
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 41 year old female, who had a fall in December 3, 2010 and reports injuries to the head, eyes, neck, low back and both lower extremities. Treatment has included Norflex, Norco, Neurontin, Ambien, Paxil, Ultram, Voltaren gel, Celexa, Anaprox, injections, physical therapy, 2 back surgeries and left hand surgery. Impressions include carpal tunnel syndrome, ulnar nerve lesion, lumbar disc displacement, cervical radiculopathy, lumbosacral radiculopathy, hip sprain/strain, lower extremity contusion, bilateral sciatica, lumbago and major depression. The request was for right wrist carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist carpal 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: The mechanism of injury, a fall from standing height is inconsistent with carpal tunnel syndrome. The majority of the reported symptoms are inconsistent with carpal tunnel syndrome and some such as cervical radiculopathy can cause overlapping symptoms. Electrodiagnostic testing was reportedly performed, but the over 80 pages of records provided for review do not include the results of electrodiagnostic testing. There is no documentation of non-surgical treatment of presumed right carpal tunnel syndrome. A November 24, 2014 psychologic evaluator opined major depression prevented return to work. The primary treating physician noted on February 19, 2015 that there was decreased sensation in a C6-C7 dermatomal distribution which would overlap with median nerve symptoms distally. There is no reasonable expectation that carpal tunnel surgery would bring about substantial functional improvement, such as decreased reliance on prescription medications or return to work. Therefore, the request is determined to be not medically necessary.