

Case Number:	CM15-0076831		
Date Assigned:	04/28/2015	Date of Injury:	11/05/2012
Decision Date:	05/26/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/22/2015

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 59 year old male, who sustained an industrial injury on 11/5/2012 when he fell off a truck sustaining a head injury, rib fractures and pneumothorax. The treating physician notes persistent right shoulder, right wrist, low back, leg, neck, upper back and head pain. The current medications are Naproxen, Norco, Prilosec, Alprazolam, Fioricet, Klonopin, and Butalbital. Treatment to date has included medication management, physical therapy, acupuncture, chiropractic, surgery on both shoulders and right wrist surgery. The treating physician's impressions include head trauma, herniated cervical disc, cervical radiculopathy, left shoulder arthroscopy, right shoulder arthroscopy, right elbow epicondylitis, left carpal tunnel syndrome, distal radius fracture, multiple facial fractures, visual disturbance, fractured ribs, sleep disorder, right wrist TFC repair, herniated lumbar disc, right supraspinatus tendinosis/bursitis. The request is for right carpal tunnel release surgery.

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): 260-270.

Decision rationale: In this case, the mechanism of injury although severe is inconsistent with carpal tunnel syndrome. Symptoms are widespread and only a minority could be attributed to carpal tunnel syndrome. Electrodiagnostic testing was reportedly performed, but was not forwarded for review. A March 12, 2015 independent medical evaluator opined that the injured worker, "does not have any ongoing orthopedic pathology that warrants aggressive intervention. He has no active signs of cervical or lumbar radiculopathy, no active signs of carpal tunnel syndrome, nor is there any evidence at this point in time of any ongoing rotator cuff pathology. The patient is primarily symptomatic today involving his neck and shoulder region. Secondly he states he is having a lot of ongoing problems with his lumbar spine, but his overall subjective complaints at this point in time do not appear to warrant surgical care." There is no documentation of non-surgical treatment of carpal tunnel symptoms. In this clinical setting of long-standing, non-anatomic, chronic pain, there is no expectation of substantial functional improvement such as decreased reliance on prescription medications or return to work following carpal tunnel release surgery. Such surgery cannot be expected to bring about substantial lasting improvement and is not medically necessary.