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| Case Number: | CM15-0079913 | | |
| Date Assigned: | 04/30/2015 | Date of Injury: | 01/02/2006 |
| Decision Date: | 06/01/2015 | UR Denial Date: | 04/16/2015 |
| Priority: | Standard | Application Received: | 04/27/2015 |

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

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 55-year-old male, who sustained an industrial injury on January 2, 2006. The injured worker was diagnosed as having carpal tunnel syndrome. Treatment to date has included electromyography (EMG), ultrasound, cervical spine surgery, chiropractic treatments, and medication. Currently, the injured worker complains of numbness in both hands and nocturnal dysesthesia. The Primary Treating Physician's report dated April 9, 2015, noted the electromyography (EMG) confirmed moderate bilateral carpal tunnel syndrome. A diagnostic ultrasound was noted to confirm flattening of the median nerve. The treatment plan was noted to include recommendation for bilateral carpal tunnel release with occupational therapy after surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral 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): 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 stratifies 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 4/9/15 of failed bracing and injections in the records. Therefore, the determination is not medically necessary.