

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0144372 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 10/04/2010 |
| Decision Date: | 10/06/2014 | UR Denial Date: | 08/12/2014 |
| Priority: | Standard | Application Received: | 09/05/2014 |

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56-year-old male sustained an industrial injury on 10/4/10 relative to a slip and fall. Records indicated that the patient had been under treatment for lumbar degenerative disc disease, lumbar disc displacement, shoulder pain and adhesive capsulitis, knee pain and internal derangement, alcohol dependence, urinary incontinence, insomnia, and carpal tunnel syndrome. Medications included Ambien, Amitriptyline, Gabapentin, Percocet, Protonix, and Skelaxin. The 8/1/14 treating physician report cited left wrist pain, burning, numbness, tingling, and weakness. The patient reported sleeping difficulties that included awakening at night. EMG testing had been done but findings were not reported. Left wrist exam documented positive Phalen's test, producing tingling in an median nerve distribution. The diagnosis was carpal tunnel syndrome. Conservative treatment had included corticosteroid injection on 11/20/12 and medications. The treatment plan requested left endoscopic carpal tunnel release. The 8/12/14 utilization review denied the request for carpal tunnel release as there was no documentation of electrodiagnostic findings or conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endoscopic carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

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

Decision rationale: The California MTUS guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification, splinting, medications and positive corticosteroid injection. Guideline criteria have not been met. There is no electrodiagnostic evidence of carpal tunnel syndrome documented in the available records. There is no detailed documentation that guideline-recommended conservative treatment had been tried and has failed. Therefore, this request is not medically necessary.