MAXIMUS Federal Services

Case Number:	CM13-0013763		
Date Assigned:	09/30/2013	Date of Injury:	01/14/2011
Decision Date:	01/22/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

She is a 56-year-old, female with date of injury of 01/14/11, noted to be from cumulative trauma. Specific to her complaints she is with bilateral shoulder pain as well as bilateral hand complaints consistent with a diagnosis of carpal tunnel syndrome. Formal reports are not available for review, but it is documented that previous electrodiagnostic studies performed 06/11/12 showed abnormal findings at the ulnar nerve consistent with a moderate left ulnar entrapment at the elbow, but no electrophysiological evidence of carpal tunnel syndrome bilaterally. The claimant's sole clinical assessment for review of 07/23/13 with [redacted] indicates subjective complaints of bilateral elbow pain, bilateral hand numbness and weakness. Physical examination specific to the right wrist showed positive Tinel and Phalen's test. She was given a diagnosis of carpal tunnel syndrome. There were recommendations at that time for a right hand carpal tunnel release procedure. There are also formal requests at present for the use of a sling and 12 postoperative sessions of physical therapy for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release (CTR): 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): 265.

Decision rationale: The Physician Reviewer's decision rationale: Based on California ACOEM Guidelines, right carpal tunnel release procedure would not be indicated. California ACOEM Guidelines in regards to carpal tunnel release surgery specifically states that the diagnosis should be supported by history, physical examination, and electrodiagnostic studies to confirm the process prior to proceeding with any degree of surgical release. Records for review in this case indicate electrodiagnostic studies failed to demonstrate or confirm a diagnosis of carpal tunnel syndrome. This would negate the need for the surgical process as requested.

Post-op sling: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op physical therapy times 12 for the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.