

Case Number:	CM13-0016773		
Date Assigned:	10/11/2013	Date of Injury:	03/27/2012
Decision Date:	12/24/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/26/2013

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 Minnesota. 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:

The injured worker is a 38 year old male who dismantles old cars. On 3/27/2012 he was prying open the hood of a car with a crowbar when his right wrist gave out. He complained of severe pain in his right wrist and numbness in the 3rd and 4th fingers. Subsequently his left wrist also became painful. He had numbness and tingling in both hands. EMG and Nerve Conduction Studies of 6/26/2012 revealed mild right median neuropathy at the carpal tunnel with slight prolongation of the motor latency but normal sensory latency. Upon failure of conservative treatment an open right carpal tunnel release was performed along with ulnar nerve decompression at Guyon's canal, neurolysis, and flexor tenosynovectomy on 5/14/2013. He underwent post-operative physical therapy and completed 15 sessions. The pain persisted despite PT. A request for additional PT was denied. On 7/24/2013 he was tender over the radial and ulnar styloid, Tinel's and Phalen's were positive along with a piano key test, Watson test, and drop test. The left wrist was also tender over the triangular fibrocartilage complex, scapholunate ligament, ulnar styloid, and radial styloid with positive tinel's and Phalen's. A left carpal tunnel release was requested and denied by UR on 8/15/2013. The disputed issues pertain to abillary services related to the left carpal tunnel release. However, there is no documentation indicating that surgery has been approved. The date of UR for these requests is 8/19/2013 and no additional information is submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Assist in Surgery of the Left Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons.

Decision rationale: California MTUS and ODG do not address the need for an assistant surgeon for a carpal tunnel release. The American College of Surgeons guidelines indicate that the first assistant to a surgeon should be a trained individual capable of helping the surgeon. However, a carpal tunnel release is a relatively simple procedure and the duties of the assistant are to help with exposure by holding retractors and not get involved with the procedure. Based upon the nature of the surgery the guidelines do not recommend an assistant surgeon for this procedure. The request for an Assistant Surgeon is not medically necessary.

Post-Op Physical Therapy 3 times 4 for the Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 11, 15, 16..

Decision rationale: The documentation submitted indicates that the request for surgery was denied on 8/15/2013. The guidelines indicate the general course of therapy for carpal tunnel syndrome consists of 3-8 visits over 3-5 weeks. The physical medicine treatment period is 3 months. The initial course of therapy is one half of these visits and with documentation of objective functional improvement a subsequent course of therapy may be prescribed within these parameters. However, if the requested surgery was not medically necessary, therefore the request for Post-Operative Therapy is not medically necessary.

Physical Therapy 3 times 4 for the Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicines..

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 11, 15, 16.

Decision rationale: There is limited evidence of the benefit of post-operative physical therapy after a carpal tunnel release. The guidelines recommend 3-8 visits over 3-5 weeks. The initial course of therapy and the subsequent course of therapy have been completed with a total of 15 visits documented. This exceeds the guidelines. No objective functional improvement was documented. Therefore the request for the Additional 3x4 Physical Therapy for the Right Wrist is not medically necessary.

Psychologist referral for Depression and Anxiety: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

Decision rationale: The guidelines recommend Psychological evaluations for chronic pain. The documentation indicates chronic pain that did not respond to surgery and physical therapy. However, the request is for anxiety/ depression and no supporting documentation indicating the presence of anxiety or depression is submitted. Therefore the request is not medically necessary.