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| Case Number: | CM13-0020058 | | |
| Date Assigned: | 11/08/2013 | Date of Injury: | 02/01/2000 |
| Decision Date: | 01/24/2014 | UR Denial Date: | 08/15/2013 |
| Priority: | Standard | Application Received: | 09/04/2013 |

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:

The claimant is a 50-year-old female who was injured in a work related accident 02/01/00. The request in this case is specific to the claimant's right upper extremity. Records indicate that the claimant, since the time of injury, has undergone carpal tunnel release procedure on the right on two occasions in 2002 and a revision procedure in 2004, as well as a left carpal tunnel release documented in 2008. A recent electrodiagnostic study performed 07/24/13 by [REDACTED] indicates a minor residual of a successful right carpal tunnel release procedure. He clearly states that there is a slowing of the median sensory and motor nerve conduction limited to special carpal tunnel studies only. These findings are well within the accepted limits for successful decompression of the median nerve at the wrist. A follow-up report to electrodiagnostic procedure of 07/25/13 with [REDACTED] states that the claimant still is with positive findings. He interpreted the electrodiagnostic studies as positive and recommended a third right-sided carpal tunnel release based on current symptoms. A follow-up report of 09/05/13 indicates that the claimant continues to be with positive Phalen's Tinel's and flick testing with positive compression testing noted at that date. He recommends the role of a third carpal tunnel release procedure.

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, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG carpal tunnel chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265 and 270.

Decision rationale: Based on California ACEOM Guidelines, while it is noted the claimant has had two prior procedures, recent electrodiagnostic studies indicate clinical findings consistent with successful outcome from prior decompression based on [REDACTED] assessment. There would be no indication of positive electrodiagnostic studies in this case that would support or warrant the need of further surgery. Guideline criteria clearly indicate that carpal tunnel syndrome must be proven by examination and supported by testing before surgery is undertaken. Therefore, the requested right carpal tunnel release is not medically necessary.

Post-operative occupational therapy 3 times a week for 4 weeks 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.