

Case Number:	CM13-0020425		
Date Assigned:	01/15/2014	Date of Injury:	02/01/2011
Decision Date:	03/24/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/05/2013

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 Texas. 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 patient is a 51-year-old female who reported an injury on 10/26/2011. The mechanism of injury was not specifically stated. The patient is currently diagnosed with bilateral carpal tunnel syndrome, bilateral basilar thumb arthritis, and left FCU tendinitis. The patient was recently seen by [REDACTED] on 10/14/2013. The patient reported numbness and weakness to bilateral hands. Physical examination was not provided. Treatment recommendations included an appeal request for bilateral carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

A right carpal tunnel release surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral for hand surgery consultation may be indicated for patients who have red flag conditions of a serious nature, failed to respond to conservative treatment, and have clear clinical and special study

evidence of a lesion. As per the documentation submitted, the patient does maintain a diagnosis of bilateral carpal tunnel syndrome. The latest physical examination by [REDACTED] is documented on 08/12/2013, and revealed numbing sensation in the median nerve distribution with decreased grip strength. There is no documentation of muscle atrophy or severe weakness of the thenar muscles with 2-point discrimination testing greater than 6 mm. There is also no documentation of nocturnal symptoms, abnormal Katz hand diagram scores, or flick sign. Additionally, there is no evidence of recent conservative treatment including activity modification for more than 1 month, night wrist splinting for more than 1 month, non-prescription analgesia, home exercise training, or a successful initial outcome from a corticosteroid injection. Based on the clinical information received, the patient does not currently meet criteria for the requested surgical procedure. Therefore, the request for Right carpal tunnel release surgery is non-certified.

A left carpal tunnel release surgery 4-6 weeks after the right: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Carpal Tunnel Syndrome

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral for hand surgery consultation may be indicated for patients who have red flag conditions of a serious nature, failed to respond to conservative treatment, and have clear clinical and special study evidence of a lesion. As per the documentation submitted, the patient does maintain a diagnosis of bilateral carpal tunnel syndrome. The latest physical examination by [REDACTED] is documented on 08/12/2013, and revealed numbing sensation in the median nerve distribution with decreased grip strength. There is no documentation of muscle atrophy or severe weakness of the thenar muscles with 2-point discrimination testing greater than 6 mm. There is also no documentation of nocturnal symptoms, abnormal Katz hand diagram scores, or flick sign. Additionally, there is no evidence of recent conservative treatment including activity modification for more than 1 month, night wrist splinting for more than 1 month, non-prescription analgesia, home exercise training, or a successful initial outcome from a corticosteroid injection. Based on the clinical information received, the patient does not currently meet criteria for the requested surgical procedure. Therefore, the request for Left carpal tunnel release surgery 4-6 weeks after the right hand is non-certified.

Post-operative physical therapy for the wrists (12 sessions): 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.

Postoperative wrist splint: 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 items/services are medically necessary.