

Case Number:	CM13-0021025		
Date Assigned:	10/11/2013	Date of Injury:	09/01/2011
Decision Date:	01/21/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/06/2013

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 patient is a 61-year-old female who was injured on 09/01/11 sustaining injury to the upper extremities. The clinical records reviewed include 09/09/13 progress report with [REDACTED], [REDACTED], stating the claimant was with continued complaints of subjective right hand pain with gripping. Objectively, there was noted to be bilateral positive Tinel and Phalen's testing with diminished sensation to the thumb, index, and middle digits of the upper extremities. The claimant was with the diagnosis of bilateral carpal tunnel syndrome and status post a prior right sided carpal tunnel release procedure. The prior surgical report of 07/18/12 indicates the claimant underwent a right carpal tunnel release surgery. The recommendations at that time were for an MRI of the right hand as well as nerve conduction studies. There is a current request for a revision right carpal tunnel release, preoperative lab testing, an EKG, and 12 sessions of postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

outpatient revision right carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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): 265.

Decision rationale: Based on the California ACOEM Guidelines, revision carpal tunnel release procedure cannot be supported. While the claimant underwent prior carpal tunnel release procedure, there is no indication of postoperative electrodiagnostic studies available for review at this stage in the claimant's clinical course of care that would support a revision procedure. The guidelines indicate that diagnosis needs to be supported by electrodiagnostic studies. This specific request in this case is not supported.

pre-op lab work to include blood and urine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Low Back Procedure.

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

EKG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Low Back Procedure

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

post-op physical therapy three (3) times a week for four (4) weeks to the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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