MAXIMUS Federal Services

Case Number:	CM13-0025543		
Date Assigned:	03/26/2014	Date of Injury:	06/15/2011
Decision Date:	05/21/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/17/2013

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 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 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:

This is a 52-year-old female who was injured in a work related accident on June 15, 2011. Clinical records for review include a June 19, 2013 report of a electrodiagnostic study demonstrating severe median neuropathy at the wrist bilaterally consistent with carpal tunnel syndrome. Recent follow-up documentation from August 6, 2013 documented the claimant to be with left greater than right numbness consistent with carpal tunnel syndrome with objective findings showing positive Tinel's and Phalen's tests with thenar atrophy. Based on failed conservative care, severe findings on electrodiagnostic studies, and examination that demonstrates atrophy, surgery was recommended in the form of a carpal tunnel release procedure. At present there are requests for a right carpal tunnel release procedure with an assistant surgeon, internal medical clearance, 18 sessions of postoperative physical therapy and transportation services.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT CARPAL TUNNEL RELEASE: Overturned

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: According to the Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines, "Outcomes from carpal tunnel surgery justify prompt referral for surgery in moderate to severe cases, though evidence suggests that there is rarely a need for emergent referral. Thus, surgery should usually be delayed until a definitive diagnosis of CTS is made by history, physical examination, and possibly electrodiagnostic studies." The claimant continues to be symptomatic with atrophy to the thenar eminence consistent with severe carpal tunnel findings and this coupled with severe findings on electrodiagnostic studies would support the medical necessity for surgical intervention. The request for right carpal tunnel release is medically necessary and appropriate.

ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 17th . Edition: Assistant Surgeon Assistant Surgeon Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 17th Edition: Assistant Surgeon Assistant Surgeon Guidelines, Neuroplasty And/Or Transposition; Median Nerve.

Decision rationale: MTUS Guidelines are silent, Milliman Care Guidelines would not support the role of an assistant surgeon for the carpal tunnel release procedure. The request for an assistant surgeon is not medically necessary or appropriate.

INTERNAL MEDICAL CLEARANCE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

Decision rationale: According to the Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in a advisory capacity but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient." The claimant's clinical records while demonstrating severe carpal syndrome fail to demonstrate the presence of a significant comorbidity that would support a medical necessity for preoperative medical assessment prior to this outpatient procedure. The request for an internal medical clearance is not medically necessary and appropriate.

POST-OPERATIVE PHYSICAL THERAPY, EIGHTEEN SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Post-Surgical Treatment Guideline criteria would recommend the role of up to eight sessions of physical therapy in the postoperative setting of carpal tunnel release. The specific request for eighteen sessions of post-operative physical therapy is not indicated as recommended. The request for eighteen sessions of post-operative physical therapy is not medically necessary or appropriate.

TRANSPORTATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 8-14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Procedure Chapter, Transportation (To & From Appointments) Section

Decision rationale: MTUS Guidelines are silent, and in looking to Official Disability Guidelines criteria the role of transportation services for this outpatient procedure is not medically supported. According to the ODG, "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport." The request for transportation is not medically necessary or appropriate.