

Case Number:	CM13-0028554		
Date Assigned:	04/25/2014	Date of Injury:	05/08/2013
Decision Date:	07/07/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/25/2013

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 Plastic Surgery and Hand Surgery and is licensed to practice in Oregon. 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:

According to the medical records, the patient is a 34-year-old female who sustained an industrial injury on May 8, 2013. Treatment has included a wrist splint, physical therapy and steroid injection. EMG/NCS of the upper extremities performed on July 23, 2013 demonstrated "there is no electrodiagnostic evidence of right or left carpal tunnel or cubital tunnel syndrome." At consultation on August 21, 2013, she complained of numbness, tingling in the median digits, worse in the RIF. She also complains of circumferential pain in the right wrist. The previously rendered steroid injection helped initially, however, her symptoms returned approximately 3 weeks later. She has decreased grip strength. She also is starting to have decreased sensation to the point where she is burning herself while cooking. She currently works without restrictions. Examination demonstrates positive carpal compression test, moderately positive Phalen's sign, positive Tine's sign, normal muscle strength, diminished pinprick sensation in the median nerve distribution, and no intrinsic or thenar atrophy. Right CTR was recommended followed by 12 postoperative physical therapy sessions. It is noted that the patient suffers from severe scar tissue formation which is why 12 visits of therapy are being recommended.

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 Page(s): 270, 273.

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

Decision rationale: According to the ACOEM guidelines, Chapter 11, page 270, "Surgical decompression of the median nerve usually relieves Carpal Tunnel Syndrome (CTS) symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken." This patient's nerve conduction test is negative. Carpal tunnel release is not supported by the ACOEM guidelines. The right carpal tunnel release is not medically necessary.

POST-OP PHYSICAL THERAPY (2X6): Upheld

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

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

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