

Case Number:	CM13-0030360		
Date Assigned:	06/09/2014	Date of Injury:	04/14/2012
Decision Date:	08/07/2014	UR Denial Date:	08/24/2013
Priority:	Standard	Application Received:	09/26/2013

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 Occupational Medicine 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 patient is a 37 y/o male, DOI 4/14/12 (CT). His symptoms have involved the neck, thoracic spine, left shoulder and bilateral hands. He has not been treated with physical therapy or wrist injections. On 5/17/13 the primary treating physician diagnosed mild carpal tunnel syndrome and opined that injections were not necessary given the mild nature of his symptoms. It was reported that electrodiagnostics showed mild carpal tunnel syndrome. (The actual electrodiagnostic test results are not available for review to confirm this interpretation or to review the quality of the testing.) Positive Phalens is reported on the right. No strength or sensation testing is reported at that time. Subsequently on 6/14/13 the primary treating physician stated that there was increased swelling in the right wrist and hand and those right carpal tunnel symptoms had worsened and there were subjective sensory disturbances. It was reported that there was thenar atrophy, again no strength testing was performed and no objective sensory testing was reported. Carpal tunnel surgery was requested to include internal neurolysis and tenosynovectomy. Medical clearance was requested for the surgery. UR review by a hand surgeon denied the request for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT WRIST CARPAL TUNNEL RELEASE.: Upheld

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): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome.

Decision rationale: At the time of the request for surgery the UR denial was appropriate. Guidelines do not recommend carpal tunnel release if the condition is mild or if there is a questionable diagnosis. The requesting physician did not explain why or how in 1 months time the condition went from mild requiring no active treatment to one requiring surgery and having the presence of thenar atrophy. There were no ensuing work activities that would have caused the reported increased swelling in the extremity and suddenly severe worsening of symptoms. There are no objective measurements of strength or sensation loss on which to gauge stability for progression. At the time of the surgical request the severity and diagnosis appears to be in question and unusual clinical progression is not adequately measured or explained. Subsequent testing and/or evaluations may eventually justify the surgery, but Guidelines do not support the medical necessity of the carpal tunnel release at the time it was requested.

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 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.

IFC: 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.

MICRO COOL: 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.

HOME EXERCISE KIT: 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.

VOLAR WRIST BRACE: 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.

SMART GLOVE: 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.

DV COMPRESSION PUMP AND STOCKINGS.: 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.

POST OPERATIVE PHYSICAL THERAPY 3 X 4: 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.

POST OPERATION MEDICATION KEFLEX 500 MG: 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.

NORCO 10/325 MG: 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.