

Case Number:	CM13-0031175		
Date Assigned:	01/03/2014	Date of Injury:	03/17/2011
Decision Date:	03/24/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/02/2013

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:

This is a 52-year-old female injured on 3/17/11 injuring her right hand while vacuuming and hitting it on a table. The clinical assessment for review includes a recent nerve conduction study report dated 11/4/12 to the bilateral upper extremities showing the right side to be with increased conduction delay at the median nerve on the right consistent with carpal tunnel syndrome. A repeat electrodiagnostic study was performed on 11/11/13 that showed the conduction delay to have improved providing a normal study to the right upper extremity. The claimant was last assessed for the hand in July 2013 where there was noted to be continued numbness. There was noted to be diminished grip strength on examination. Treatment had included a previous carpal tunnel injection, work modification, and medication. A surgical process in the form of a carpal tunnel release with post-operative physical therapy was recommended for further treatment.

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 Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: Based on California ACOEM Guidelines, the role of carpal tunnel release procedure would not be indicated. The claimant's recent electrodiagnostic, which were the second study performed, indicated improvement in nerve conduction delay and provided a study that was "normal" in regard to findings. The clinical guidelines will only support the role of carpal tunnel release procedure in situations where there is clear clinical correlation of carpal tunnel on electrodiagnostic studies correlating with the examination findings. The absence of the above would currently fail to necessitate the role of the surgical process as outlined.

Post-op physical therapy 3 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Post-Surgical Rehabilitative Guidelines, post-operative physical therapy in this case would not be indicated for eighteen sessions as the need for operative intervention in this case has not yet been established.