

Case Number:	CM13-0039863		
Date Assigned:	12/20/2013	Date of Injury:	07/06/2012
Decision Date:	03/24/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/28/2013

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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland, North Carolina and Virginia. 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 60 year old male with a work-related date of injury on 7/6/12 to the right hand as well as other areas of the body. On July 16th, 2013 the patient was noted to have continued numbness and tingling to his right hand that is aggravated at night. Tinel's sign and Phalen's sign were stated to be positive at the wrist with numbness and tingling of the 1st and 2nd fingers. 'The diagnosis was confirmed by electrodiagnostic studies on May 23rd, 2013, which revealed electrical evidence of mild right carpal tunnel syndrome in the absence of cervical radiculopathy and brachial plexopathy.' Reported non-operative management included medical management, acupuncture treatment and cortisone injection. Prior to surgical treatment of carpal tunnel release, the surgeon is requesting pre-operative clearance. In addition, he is requesting postoperative chiropractic therapy of 3x/week for 4 weeks and for DME, Coolcare Cold therapy unit to aid managing post-operative swelling, edema and pain. Specific documentation dated 8/13/13 notes patient continues to complain of numbness and tingling of the right hand that is aggravated at night. He also continues to have neck pain and stiffness. (The patient had undergone cervical laminectomy C3-5 on 9/25/12 for cervical spondylotic myelopathy due to progressive right arm weakness and neck pain exacerbated by a motor vehicle accident. He complained of numbness of the fingertips as well at that time.) He is stated to have had previous cortisone injection to the carpal tunnel. Examination notes positive Tinel's and Phalen's at the wrist. He states right moderate carpal tunnel syndrome from 5/23/13. The plan is for request of right carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rt 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): s 264-271.

Decision rationale: From ACOEM page 270, carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Mild carpal tunnel syndrome with normal electrodiagnostic studies (EDS) exists, but moderate or severe carpal tunnel syndrome with normal EDS is very rare. From Table 11-7 on page 271, recommended treatment of the carpal tunnel consists of injection of corticosteroids in mild or moderate cases after trial of splinting and medication. From page 264, initial treatment of carpal tunnel syndrome should include night splints. From page 270, surgery will not relieve any symptoms from cervical radiculopathy (double crush syndrome). The medical record that was provided only provided a statement of the electrodiagnostic studies but not an actual record of this. In addition, as stated above, the ACOEM recommends steroid injection after a trial of splinting and medication. Again, there is stated history of a wrist injection but a date of treatment and by whom is lacking. Medication treatment is stated, but no specific detail about which medications and for how long. There is no documented history of splinting as well. Finally, the patient had undergone neck surgery for treatment of right upper extremity weakness and neck pain with numbness of the fingertips noted at that time. Without verifiable evidence of electrodiagnostic studies ruling out cervical radiculopathy, a double crush syndrome cannot be ruled out. As stated from the ACOEM, surgery will not relieve any symptoms from this. Therefore the request is non-certified.

Pre-op 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.

Post-op chiro three times a week for four weeks: 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.

DME (unspecified): 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.