

Case Number:	CM13-0040141		
Date Assigned:	12/20/2013	Date of Injury:	12/11/2008
Decision Date:	07/29/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/29/2013

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 Mississippi. 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:

The injured worker is a 34-year-old female injured on December 11, 2008. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated November 21, 2013, indicated that the injured employee has returned to work. There were complaints of low back pain rated at 4/10 on the visual analog scale to 6/10 on the visual analog scale and numbness and tingling in the right greater than left lower extremity. There were also complaints of neck pain with associated headaches. The physical examination demonstrated tenderness of the neck and lower back region with palpable trigger points in the suboccipital region of the hand. There was noted muscle guarding and spasms of the lumbar spine and an inability to squat more than 30% due to knee and low back pain. The treatment plan included an MRI of the right knee and an orthopedic evaluation for surgical consultation of the lumbar spine. A prior examination, dated November 12, 2012, stated that the injured employee had previously had a right sided carpal tunnel release with success and has complaints of numbness and tingling in the median nerve distribution of the left hand. There was a left sided positive Tinel's and Phalen's test. A request had been made for a left sided carpal tunnel release and postoperative physical therapy and was not certified in the pre-authorization process on October 8, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left 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: According to the American College of Occupational and Environmental Medicine, surgery should usually be delayed until a definitive diagnosis of carpal tunnel release is made by history, physical examination, and possibly electrodiagnostic studies. The previous nerve conduction study did not indicate left sided findings nor were there any current complaints of any left-sided symptoms. Therefore, this request for a left-sided carpal tunnel release was not medically necessary.

Post-operative physical therapy for twelve (12) sessions: 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.