

Case Number:	CM13-0053824		
Date Assigned:	12/30/2013	Date of Injury:	07/05/2012
Decision Date:	03/17/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/18/2013

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 Georgia and Texas. 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 21-year-old male who reported an injury on 07/05/2013 due to cumulative trauma while performing normal job duties that reportedly caused injury to the bilateral wrist. The patient's treatment history included occupational therapy, acupuncture, medications. The patient underwent an electrodiagnostic study in 06/2013 that revealed a bilateral ulnar neuropathy of the elbows and evidence of mild right-sided carpal tunnel syndrome without evidence of radicular symptoms. The patient's most recent clinical examination findings revealed a positive Tinel's and positive Phalen's sign. It is also noted that the patient has pain and numbness when attempting to grip instruments to perform surgical procedures. The patient's diagnoses included bilateral carpal tunnel syndrome and cervical spine degenerative disc disease.

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 Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Carpal Tunnel Syndrome, Carpal Tunnel Release.

Decision rationale: The requested right carpal tunnel release is not medically necessary or appropriate. As the ACOEM Guidelines only recommend carpal tunnel release for patients who have moderate to severe carpal tunnel syndrome. The Official Disability Guidelines recommend diagnosis of severe carpal tunnel syndrome be supported by documentation of muscle atrophy, severe weakness of the thenar muscles, and a 2 point discrimination test of greater than 6 mm. The clinical documentation submitted for review does not provide any evidence that the employee has these significant findings. The Official Disability Guidelines recommend carpal tunnel release for patients without severe carpal tunnel syndrome when there are at least 2 findings of an abnormal Katz hand diagram score, nocturnal symptoms, or a Flick sign. The clinical documentation does not provide any evidence that the employee has any of these symptoms. The Official Disability Guidelines also recommend objective findings to include a positive Phalen's sign and a positive Tinel's sign. The clinical documentation does document that the employee does have a positive Phalen and Tinel's sign. However, the Official Disability Guidelines recommend initial conservative treatment of at least 3 of the following: activity modification for greater than a month, night wrist splinting, non prescription analgesia, home exercise training, and/or the successful outcome of a corticosteroid injection trial. The clinical documentation submitted for review does provide evidence that the employee has undergone physical therapy and acupuncture therapy. However, there is no documentation of night wrist splinting, a home exercise program, nonprescription analgesia, or a corticosteroid injection trial. Therefore, the need for a carpal tunnel release is not clearly established. As such, the requested right carpal tunnel release is not medically necessary or appropriate.

Cold Therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Continuous Flow Therapy.

Decision rationale: The requested Cold Therapy Unit is not medically necessary or appropriate. The Official Disability Guidelines recommend a Cold Therapy Unit for patients for up to 7 days in the postsurgical treatment of a patient. The clinical documentation submitted for review does not support surgery at this time. Therefore, postsurgical management would also not be indicated. As such, the requested Cold Therapy Unit is not medically necessary or appropriate.