MAXIMUS Federal Services

Case Number:	CM13-0054811		
Date Assigned:	12/30/2013	Date of Injury:	06/13/2013
Decision Date:	04/04/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/19/2013

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 Pennsylvania. 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 claimant is a 57-year-old gentleman who was injured in a work-related accident June 13, 2013. There was an October 1, 2013 electrodiagnostic report that showed abnormal findings with median sensory fibers of the carpal tunnel segment affected. It documented that this was consistent with left carpal tunnel syndrome. Follow-up clinical assessment on October 23, 2013 by [redacted] noted ongoing complaints of pain in the left wrist, and failure to improve with conservative care of an injection, medication management, activity restrictions, and modifications. The claimant described dropping objects and intermittent sensory change. The orthopedic examination showed hyperhidrosis with an inability to extend the middle or ring digit but no other significant findings. Based on the claimant's failed conservative care, an endoscopic versus open carpal tunnel release procedure and postoperative physical therapy were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

left endoscopic vs. open 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): 265.

Decision rationale: Based on the California ACOEM guidelines, the request for left endoscopic versus open carpal tunnel release cannot be recommended as medically necessary. The ACOEM guidelines state there must be clinical correlation between examination findings and electrodiagnostic testing prior to proceeding with operative intervention. While the electrodiagnostic studies were suggestive of carpal tunnel syndrome with median fiber change, the claimant's physical examination fails to demonstrate any clinical symptoms consistent with a diagnosis of carpal tunnel syndrome. The absence of current physical examination findings consistent with carpal tunnel syndrome would not support the need for the surgical process as requested. The request is noncertified.

postoperative occupational therapy 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.