

Case Number:	CM13-0056668		
Date Assigned:	12/30/2013	Date of Injury:	03/15/2013
Decision Date:	05/22/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/22/2013

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 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 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 claimant is a 53-year-old female who was injured in a work related accident on March 10, 2013. Review of the records indicates a recent Utilization Review process necessitating the need for bilateral carpal tunnel release procedure based on positive physical examination findings and electrodiagnostic studies. At present, there are two requests in regards to the role of the surgical process to be undertaken, the first of which is for the use of an assistant surgeon and the second of which is for twelve sessions of postoperative physical therapy. Further records in this case are not pertinent to the request at hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 17th edition: assistant surgeon. Assistant Surgeon Guidelines (Codes 29240 to 29894) CPT® Y/N Description 29848 N Endoscopy, wrist, surgical, with release of transverse carpal ligament and the Assistant Surgeon Guidelines (Codes 64704 to 65130) CPT® Y/N Description 64721 N Neuroplasty and/or transposition; median nerve at carpal tunnel.

Decision rationale: The California MTUS Guidelines are silent. When looking at Milliman Care Guidelines, an assistant surgeon for a carpal tunnel release procedure would not be indicated. This is not a surgical process for which an assistant would be medically necessary. The role of this request would not be indicated. The request is not medically necessary

INITIAL POST-OPERATIVE PHYSICAL THERAPY 3 X 4 FOR THE BILATERAL WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Post-Surgical Guidelines, twelve sessions of bilateral wrist physical therapy also would not be indicated. Guideline criteria would recommend the role of up to three to eight sessions of physical therapy in the postoperative setting following carpal tunnel release. Given the initial role of formal physical therapy, no more than four initial sessions of therapy would be indicated. The specific request for twelve sessions would exceed Guideline criteria and would not be medically necessary.