

Case Number:	CM13-0058233		
Date Assigned:	04/30/2014	Date of Injury:	10/31/2008
Decision Date:	07/08/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/26/2013

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 Hand Surgery and is licensed to practice in 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 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 52-year-old female who reported an injury on October 31, 2008 due to a trip and fall. The injured worker's treatment history included physical therapy, medications, work restrictions and wrist splints. The injured worker was evaluated on October 25, 2013. It was documented that the injured worker had tenderness to palpation of the bilateral wrists with a positive Tinel's sign and decreased range of motion. It was also documented that the injured worker had decreased range of motion of the right knee and lumbar spine. The injured worker's diagnoses included tendinitis of the hand, lumbar sprain/strain, meniscus tear of the right knee, and status post arthroscopic surgery of the right knee. The injured worker's treatment plan included right carpal tunnel release and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHEST X-RAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CLEAN COPY GUIDELINES, , 10, 16.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary

PRE-OP LAB: COMPLETE BLOOD COUNT, COMPREHENSIVE METABOLIC PANEL, PARTIAL THROMBOPLASTIN AND PROTHROMBIN TIME: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CLEAN COPY GUIDELINES, , 10, 16.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary

RIGHT CARPAL TUNNEL RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The right carpal tunnel release is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for carpal tunnel syndrome when injured workers have physical findings of carpal tunnel syndrome that have been nonresponsive to conservative treatments and are supported by an electrodiagnostic study. The clinical documentation submitted for review does indicate that the injured worker has a positive Tinel's sign and tenderness to the bilateral wrists. However, there is no official documentation that the injured worker underwent an electrodiagnostic study confirming the diagnosis of carpal tunnel syndrome. Therefore, the surgical intervention of carpal tunnel release would not be supported. As such, the right carpal tunnel release is not medically necessary.

POST-OP PHYSICAL THERAPY, #8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CLEAN COPY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary