

Case Number:	CM13-0058409		
Date Assigned:	12/30/2013	Date of Injury:	07/06/2012
Decision Date:	08/13/2014	UR Denial Date:	11/05/2013
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 Orthopedics 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 32-year-old female who reported injury on 07/06/2012. The injured worker underwent a nerve conduction study on 03/27/2013 which revealed severe left carpal tunnel and right carpal tunnel syndrome. There was an underlying sensory motor peripheral neuropathy with mildly reduced or prolonged responses of some upper extremity sensory and motor nerves. The documentation of 10/22/2013 the injured worker had severe pain in the left wrist radiating up the left forearm into her digits. The injured worker indicated she was awakened in the middle of the night due to pain. Physical examination revealed thenar atrophy of the left hand and a markedly positive Durkin's test causing radiation of pain extending up to the left forearm and down in a median nerve distribution. There was a positive Tinel's with paresthesia into the 3rd digit of the left hand and a positive Phalen's with pain radiating up towards the left shoulder. The diagnoses included left wrist tenosynovitis, left wrist carpal tunnel syndrome, left neuropraxia median nerve, left fasciitis and left wrist pain. The treatment plan included a flexor tenosynovectomy of the left wrist with carpal tunnel release of the left wrist, decompression of the arterial palmar arch left wrist and a neurolysis of the median nerve as well as a tenolysis of the flexor tendons of the left wrist with fasciotomy in the left distal forearm and antebrachial fascia. Additionally, the request was made for durable medical equipment including a volar wrist brace, a smart glove, cold therapy, IFC unit, motorized compression pump to avoid deep vein thrombosis, medical clearance to include liver and kidney functional tests, a complete platelet count, white count, urinalysis and chem profile as well as a hemoglobin A1C due to a 15 year history of diabetes, a chest x-ray and EKG as well as pulmonary function testing and postoperative medication including Tylenol with Codeine and Keflex as well as postoperative physical therapy. Additionally, there was a request for acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left wrist flexor tenosynovectomy with carpal tunnel release (CTR), decompression arterial arch-palmar arch, neurolysis median nerve with use of 3.5x power lense, tenolysis to left flexor tendon left wrist, fasciotomy distal antebrachial fascia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery-- Carpal Tunnel Release.

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

Decision rationale: The ACOEM guidelines indicate that a referral to a hand surgeon may be appropriate for an injured worker who has red flags of a serious nature, a failure to respond to conservative management including work site modifications and who has clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. The clinical documentation indicated the injured worker had objective examination findings and nerve conduction studies. However, the clinical documentation submitted for review failed to indicate the injured worker had a failure to respond to conservative management including work site modifications. As such, the request for 1 left wrist flexor tenosynovectomy with carpal tunnel release (CTR), decompression arterial archpalmar arch, neurolysis median nerve with use of 3.5x power lense, tenolysis to left flexor tendon left wrist, fasciotomy distal antebrachial fascia is not medically necessary or appropriate.

1 Pulmonary function test (PFT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary (Acute & Chronic).

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.

1 preoperative urinalysis (UA): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-Terminal Pain, Including Prescribing Controlled Substances.

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.

1 wrist brace: Upheld

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

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.

12 sessions of acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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.

12 sessions of postoperative physiotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.

1 smart glove: Upheld

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

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.

Prescription of Tylenol with Codeine No. 3 #60: Upheld

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

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.

1 Interferential Current (IFC) 5-month renal unit including supplies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

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.

1 micro cool: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute & Chronic).

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.

1 Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary (Acute & Chronic).

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.

1 preoperative prothrombin time (PT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Danielson D, et al. Preoperative Evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICIS); 2012 Jul. 61p [36 references].

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.

1 preoperative partial thromboplastin time (PTT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Danielson D, et al. Preoperative Evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICIS); 2012 Jul. 61p [36 references].

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.