

Case Number:	CM13-0063096		
Date Assigned:	01/15/2014	Date of Injury:	04/24/2012
Decision Date:	05/27/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/09/2013

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 39-year-old with a date of injury of 04/24/12. A progress report associated with the request for services, dated 10/28/13, identified subjective complaints of forearm, radial wrist, and thumb pain. The objective findings included tenderness and positive signs for radial tunnel syndrome. There was numbness of the hands and digits with carpal compression. A nerve conduction study was done on April 13, 2013 that was read as essentially normal. Specifically, there was no abnormality in the conduction of the radial nerve about the radial tunnel. The diagnosis included right carpal tunnel syndrome. The treatment has included radial tunnel injection that has provided the greatest relief. A Utilization Review determination was rendered on 11/12/13 recommending non-certification of "Right endoscopic vs open carpal tunnel release, right radial tunnel release; Post op physical therapy 2 x 4".

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ENDOSCOPIC VERSUS OPEN CARPAL TUNNEL RELEASE, RIGHT RADIAL TUNNEL RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270, 235 AND 240. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, CARPAL TUNNEL SYNDROME CHAPTER AND THE ELBOW CHAPTER.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262 AND 270.

Decision rationale: The MTUS/ACOEM Guidelines indicate that surgical decompression of carpal tunnel syndrome (CTS) usually relieves CTS symptoms. However, that success is in those patients with an electro-diagnostically confirmed diagnosis. The Guidelines also affirm the role of electrodiagnostic studies in the diagnosis of peripheral nerve entrapment and in differentiating that from cervical radiculopathy. The original non-certification was based upon no electrodiagnostic studies having been performed. However, a study was done on 04/13/13, but did not confirm the diagnosis of a radial or carpal tunnel syndrome. Therefore, there is no documented medical necessity for a radial or carpal tunnel surgical decompression.

POSTOPERATIVE PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) 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 surgeries are not medically necessary, the associated physical therapy prescription is also not medically necessary.