

Case Number:	CM13-0066656		
Date Assigned:	01/03/2014	Date of Injury:	05/08/2012
Decision Date:	04/21/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/16/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine 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 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 patient is a 25-year-old female who reported an injury on 05/08/2012. According to the 09/04/2013 documentation, the patient continued to have symptomatic issues with regard to the right wrist and hand in the form of numbness, with the left side. The patient complained of pain over the wrist with pain into the right pinky. The patient also had complaints of bilateral elbow pain that extended into the bilateral arms as well. At the time of the exam, the patient was status post right carpal tunnel release and left carpal tunnel syndrome. The patient was most recently seen on 11/04/2013 where upon the patient continued to have a lot of left side pain with complete numbness of the right side postsurgically. The patient was considering the left carpal tunnel release procedure which was also performed by a [REDACTED], who completed the right carpal tunnel release in 04/2013. The patient's grip strength was noted to be 10, 10, and 15 on the left. On the physical examination, the patient had palpatory pain and tenderness of the wrist, hand, and left elbow and forearm as well as right hand numbness to sensation. The patient's strength is decreased on the left with pain noted in all ranges of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED], **Electrotherapy:** 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

Post op physical therapy (12 sessions): 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.

Left CTR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation ODG Carpal Tunnel Syndrome

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Carpal Tunnel Release

Decision rationale: Under the California MTUS/ACOEM, it states that further surgical intervention for severe carpal tunnel syndrome is confirmed by nerve conduction velocities which may indicate the necessity for the surgical procedure. According to Official Disability Guidelines, patients must meet criteria which includes measures of activity modification, medications (oral or topical), splinting, physical therapy, or cortisone injections. The documentation fails to indicate whether or not the patient has undergone any formal conservative treatment measures prior to requesting the carpal tunnel release. Furthermore, there are no diagnostic studies corroborating with exam findings to meet guideline criteria for the carpal tunnel release procedure. Without meeting all of the guideline criteria, the request in its entirety cannot be supported. As such, the requested service is non-certified.