

Case Number:	CM13-0068797		
Date Assigned:	01/03/2014	Date of Injury:	07/22/2008
Decision Date:	06/04/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/20/2013

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 has a subspecialty in 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 47-year-old female who reported an repetitive strain injury on 07/22/2008. Current diagnoses include carpal tunnel syndrome, cubital tunnel syndrome, shoulder acromioclavicular joint arthritis, shoulder arthralgia, elbow arthralgia, wrist arthralgia, impingement/bursitis, lateral epicondylitis, ganglion of tendon sheath, bicipital tendon rupture, swelling in a limb, and bicipital tenosynovitis. The injured worker was evaluated on 11/14/2013. The injured worker reported bilateral upper extremity pain. The injured worker was currently participating in physical therapy. Physical examination revealed 70 degree flexion of the bilateral wrists, 65 degree extension, weakness on the left, and positive Tinel's and Phalen's testing. Treatment recommendations at that time included a left carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT CARPAL TUNNEL RELEASE SURGERY: Upheld

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

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management and have clear clinical and special study evidence of a lesion. Carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction tests prior to surgery. As per the documentation submitted, there were no electrodiagnostic reports submitted for review to corroborate a diagnosis of carpal tunnel syndrome. There is also no mention of an exhaustion of conservative treatment prior to the request for a surgical procedure. Therefore, the request for Left Carpal Tunnel Release is not medically necessary and appropriate.

PRE- OPERATIVE MEDICAL CLEARANCE TO INCLUDE AN EKG,CHEST X- RAY AND LABS: 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- OPERATIVE COLD FLOW UNIT (X 7 DAYS): 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-OPERATIVE PHYSICAL THERAPHY FOR THE LEFT WRIST (3X4): 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.