

Case Number:	CM13-0069038		
Date Assigned:	01/03/2014	Date of Injury:	10/01/2012
Decision Date:	06/09/2014	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 and is licensed to practice in California. 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 patient has filed a claim for sprain/strain of the right wrist associated with an industrial injury date of October 1, 2012. The treatment to date has included physical therapy, occupational therapy, medications, and two (2) injections to the wrist. The medical records from 2013 were reviewed showing the patient complaining of cramping and tingling in the right hand as well as inflammation at night. Injections were not noted to help. On examination, the right hand was mildly swollen at the wrist. There was marked tenderness over the tendons of the intersection area. The Durkan's sign was positive. The Phalen's sign was immediately positive. There was no thenar atrophy, but in her, weakness was present. The sensation was decreased in the true median distribution. Making a fist-like approximately one (1) inch of reaching the mid palm. The utilization review from November 25, 2013 denied the request for right carpal tunnel release and right tendon release of the forearm, due to no documentation of an electromyography (EMG) and nerve conduction studies as well as no specific tendon being identified in the request. The related request for preoperative electrocardiogram (EKG) and preoperative comprehensive metabolic panel (CMP) were also denied on the basis that the dependent surgery was also denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT CARPAL TUNNEL RELEASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-265.

Decision rationale: The MTUS/ACOEM Guidelines indicate that carpal tunnel release is indicated on the failure of the initial conservative treatment consisting of three (3) of the following: Activity modification, wrist splinting, nonprescription analgesia, and exercise training, and/or successful initial outcome from steroid injection trial. Electrodiagnostic studies must confirm clinical symptomatology. In this case, the patient has clinical findings of carpal tunnel syndrome. However, the documentation did not include an official electrodiagnostic report confirming carpal tunnel syndrome. Therefore, the request for right carpal tunnel release is not medically necessary.

SURGICAL RELEASE OF TENDON RIGHT FOREARM: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-265.

Decision rationale: The MTUS/ACOEM Guidelines indicate that carpal tunnel release is indicated on the failure of the initial conservative treatment consisting of three (3) of the following: Activity modification, wrist splinting, nonprescription analgesia, and exercise training, and/or successful initial outcome from steroid injection trial. Electrodiagnostic studies must confirm clinical symptomatology. In this case, the patient has clinical findings of carpal tunnel syndrome. The requested tendon release does not identify a particular tendon. In addition, the request for carpal tunnel release is not medically necessary. The dependency of this request, with the carpal tunnel release is unclear. Therefore, the request for surgical release of tendon right forearm is not medically necessary.

PRE OPERATIVE EKG: 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.

PRE OPERATIVE CMP: 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.