

Case Number:	CM14-0001579		
Date Assigned:	01/22/2014	Date of Injury:	11/20/2012
Decision Date:	06/06/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/06/2014

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:

This is a 53-year-old who was injured in a work related accident on 11/20/12. The clinical records specific to the claimant's right upper extremity include a report of the 12/28/12 electrodiagnostic study demonstrating moderate bilateral carpal tunnel syndrome. It noted that the claimant has been treated conservatively with medication management, immobilization, physical therapy and activity restrictions. Follow up clinical report of November 18, 2013 described the right upper extremity on examination to have a positive Tinel's, Phalen's and compressive testing at the wrist. Based on failed conservative care, surgical intervention for a carpal tunnel release procedure was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGERY CARPAL TUNNEL RELEASE, RIGHT HAND: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270.

Decision rationale: Based on California ACOEM Guidelines, carpal tunnel release of the right upper extremity would be supported. This individual has moderate to severe compressive

findings at the carpal tunnel and electrodiagnostic studies that correlate with the physical examination. The claimant has failed all appropriate conservative treatment. ACOEM Guidelines recommend carpal tunnel release procedure in the setting of positive physical exam findings and electrodiagnostic testing. Specific surgical request would be indicated as medically necessary and appropriate.

CONSULTATION PRE-OPERATIVE CLEARANCE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CHAPTER 7 INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127.

Decision rationale: The California ACOEM Guidelines would not support the request for preoperative medical clearance for this surgical procedure. There is no documentation to indicate that this claimant has any underlying comorbidities that would support the need of preoperative assessment prior to a carpal tunnel procedure, which is typically performed under local or regional anesthetic. Request in this case would not be supported as medically necessary.

LABORATORY TEST PRE-OPERATIVE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CHAPTER 7 INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127.

Decision rationale: The California ACOEM Guidelines also would not support the role of preoperative laboratory testing as this individual does not have any documentation of underlying comorbidities. The role of laboratory testing prior to this procedure that is typically performed with local or regional anesthetic would not be supported. The request is not medically necessary or appropriate.

OCCUPATIONAL THERAPY POST-OPERATIVE X12 SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Postsurgical Rehabilitative Guidelines do not support the request for twelve postoperative occupational therapy sessions. The Postsurgical

Guidelines recommend three to eight sessions of therapy in the postoperative setting after a carpal tunnel release. Postoperative therapy request exceeds the standard treatment recommendation and would not be supported. The request is not medically necessary or appropriate.