MAXIMUS Federal Services

Case Number:	CM14-0003275		
Date Assigned:	01/31/2014	Date of Injury:	09/17/2005
Decision Date:	06/20/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/09/2014

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, has a subspecialty in Sports Medicine 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 injured worker is a 56-year-old male who reported an injury on 09/17/2005. The mechanism of injury was a fall from a second story balcony. The injured worker underwent and EMG/NCV on 01/16/2013 which revealed the injured worker had focal neuropathy of the median nerve at the wrists consistent with mild to moderate case of bilateral carpal tunnel syndrome. It was indicated when compared to the 2009 study the findings involving the left arm were about the same. The injured worker underwent a left carpal tunnel release on 04/02/2010. The documentation of 12/06/2013 revealed there was a recommendation for a cortisone injection on the left side. The injured worker indicated he was reluctant to have further cortisone injections and should surgery be indicated, he would like to have the left side completed as it was more problematic. The injured worker indicated he had numbness and tingling through his entire left hand. The injured worker indicated he awakens with numbness and tingling. He indicated he was using a splint and sometimes it helps and sometimes it appears to be uncomfortable and awakens him because of the splint. The injured worker indicated the symptoms were similar to what were present prior to the prior carpal tunnel release. The physical examination revealed positive carpal compression testing bilaterally and a positive Tinel's on the median nerve at the wrist on the left greater than right side. The diagnoses included recurrent left carpal tunnel syndrome, possible early cubital tunnel syndrome, and right cubital tunnel syndrome both clinically and electrodiagnostically. The treatment plan included a possible cortisone injection to help determine how much of the injured worker's discomfort would improve with a revision of the carpal tunnel release; however, the injured worker was reluctant to have further cortisone injections. The request was made for a revision surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT REVISION CARPAL TUNNEL RELEASE WITH POSSIBLE FLEXOR TENOSYNOVIAL TRANSFER: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 11, FOREARM, WRIST, AND HAND COMPLAINTS, 270-271

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

Decision rationale: The ACOEM Guidelines indicate the criteria for carpal tunnel release include failure of non-operative treatment from a conservative management and the diagnosis should be supported by nerve conduction studies. This request wa previously denied due to no significant change in the NCV findings. The prior study was 2009 and prior to the surgical intervention. The injured worker had a left carpal tunnel release in 2010. The injured worker had a repeat nerve conduction study which was noted to be without significant change on the left side. The injured worker had positive objective findings on physical examination, NCV and was utilizing a splint. He had nightime symptoms that would wake him up. Given the above, the request for a left revision carpal tunnel release with possible flexor tenosynovial transfer is medically necessary.

PRE OP EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Preoperative Electrocardiogram.

Decision rationale: The Official Disability Guidelines indicate that patients undergoing low-risk surgery do not require electrocardiography. Endoscopic and ambulatory surgery procedures are low-risk. There was a lack of documentation indicating a rationale for the requested service. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations.

LAB WORK; METABOLIC PANEL, CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Preoperative Lab Testing.

Decision rationale: Official Disability Guidelines indicate that electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure and that a complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. The clinical documentation failed to provide a rationale for the requested service. There was a lack of documentation indicating that the injured worker met the above criteria. Given the above, the request for preoperative lab work is not medically necessary.