

Case Number:	CM14-0005343		
Date Assigned:	03/03/2014	Date of Injury:	07/06/2010
Decision Date:	06/30/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/13/2014

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:

The claimant is a 66-year-old female injured in a work-related accident on July 6, 2010. The clinical records provided for review include a February 20, 2014, letter of appeal regarding the need for right carpal tunnel surgery. The letter states that the claimant failed conservative care, including treatment with non-steroidal anti-inflammatory medication, bracing and six months of night splinting. The physical examination performed on that date showed tenderness to palpation at the right carpometacarpal joint with positive Durkin's and Phalen's testing of the right hand. The records reference previous electrodiagnostic studies showing moderate to severe right carpal tunnel syndrome. This request is for outpatient right carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT RIGHT CARPAL TUNNEL RELEASE: Overturned

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

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

Decision rationale: Under the California MTUS/ACOEM Guidelines, a right carpal tunnel release procedure would be supported for this claimant. The reviewed records document failed

conservative care, positive electrodiagnostic studies showing moderate to severe right carpal tunnel syndrome, and concordant findings on physical examination. Given those positive and consistent findings, the requested operative intervention would be indicated as medically necessary.

POSTOPERATIVE PHYSICAL THERAPY (PT) TWO (2) TIMES PER WEEK OVER SIX (6) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Postsurgical Rehabilitative Guidelines would not support 12 sessions of post-operative physical therapy in this case. While the need for surgical intervention in this case has been established, the Postsurgical Guidelines recommend up to eight sessions of physical therapy post-operatively. The request for 12 sessions exceeds the guidelines and there is no documentation to support that the claimant would be an exception to the standard guideline criteria. The request is not medically necessary.