MAXIMUS Federal Services

Case Number:	CM14-0006253		
Date Assigned:	02/07/2014	Date of Injury:	02/28/2011
Decision Date:	07/07/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/16/2014

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 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 58-year-old male who reported an injury on 02/28/2011. The prior treatments included bracing, activity restrictions, physical therapy, and 2 cortisone injections to the wrists with no benefit. The mechanism of injury was noted to be the injured worker was driving to the office and another driver in a van made a left turn in front of his vehicle which resulted in a head on collision. The documentation of 10/17/2013 revealed a request for bilateral upper EMG/NCV study. The injured worker had previously undergone bilateral upper extremity electrodiagnostics on 12/20/2012 which revealed mild left sensory only median nerve carpal tunnel at the wrist. The injured worker underwent an EMG/NCV on 10/01/2013 which revealed bilateral carpal tunnel syndrome. The documentation of 09/09/2013 revealed a diagnosis of carpal tunnel on the left. There was no objective physical examination for the wrists and hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL CARPAL TUNNEL RELEASE UNDER LOCAL ANESTHESIA: 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: The ACOEM Guidelines indicate that carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction studies before surgery is undertaken. The clinical documentation by way of the EMG indicated the injured worker had objective findings of carpal tunnel syndrome. The injured worker had been treated with bracing, activity restrictions, physical therapy and cortisone injections; however, there was a lack of documented physical examination findings to support the necessity for the requested procedure. Given the above, the request for bilateral carpal tunnel release under local anesthesia is not medically necessary.

OCCUPATIONAL THERAPY (OT) TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR BILATERAL WRISTS: Upheld

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

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.

BILATERAL CARPAL TUNNEL BRACES: 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.

SHOULDER SLING: 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.

PREOPERATIVE CLEARANCE, H & P: 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.