

Case Number:	CM14-0009297		
Date Assigned:	02/14/2014	Date of Injury:	05/17/2013
Decision Date:	06/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/23/2014

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 Orthopedic Sports Medicine 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 reported an injury to her left upper extremity on 5/17/2013 after heavy lifting while performing her sutomary job duties in a bakery. The electrodiagnostic studies completed on 09/09/13 revealed essentially normal findings in the left upper extremity. The clinical note dated 10/24/13 indicates the injured worker having undergone injections at the left carpal tunnel. The clinical note dated 01/16/14 indicates the injured worker complaining of numbness in the hands which was radiating into the upper extremity. The injured worker demonstrated positive findings of carpal tunnel syndrome symptoms. The injured worker was identified as having positive Tinel's and Phalen's signs on the left. The injured worker was recommended for a left sided carpal tunnel release at that time. The operative note dated 01/22/14 indicates the injured worker undergoing a left sided carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CHEST X-RAY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-operative Chest X-ray.

Decision rationale: The injured worker reported an injury to her left upper extremity on 5/17/2013 after heavy lifting while performing her customary job duties in a bakery. The electrodiagnostic studies completed on 09/09/13 revealed essentially normal findings in the left upper extremity. The clinical note dated 10/24/13 indicates the injured worker having undergone injections at the left carpal tunnel. The clinical note dated 01/16/14 indicates the injured worker complaining of numbness in the hands which was radiating into the upper extremity. The injured worker demonstrated positive findings of carpal tunnel syndrome symptoms. The injured worker was identified as having positive Tinel's and Phalen's signs on the left. The injured worker was recommended for a left sided carpal tunnel release at that time. The operative note dated 01/22/14 indicates the injured worker undergoing a left sided carpal tunnel release.

1 ELECTROCARDIOGRAM: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative electrocardiogram (ECG)

Decision rationale: The documentation indicates the injured worker having undergone a carpal tunnel release on the left. Preoperative studies are indicated for injured workers with significant clinical findings indicating the need for a workup. No information was submitted regarding the injured worker's cardiopulmonary issues. Additionally, no information was submitted regarding the injured worker's vascular difficulties. Taking into account the proposed surgical procedure involving a carpal tunnel release and taking into account the lack of information regarding the injured worker's clinical status, the request for 1 electrocardiogram is not medically necessary and appropriate.

1 COMPLETE BLOOD COUNT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Low back Chapter, Pre-operative Lab Studies.

Decision rationale: The documentation indicates the injured worker having undergone a carpal tunnel release on the left. Preoperative studies are indicated for injured workers with significant clinical findings indicating the need for a workup. No information was submitted regarding the injured worker's cardiopulmonary issues. Additionally, no information was submitted regarding the injured worker's vascular difficulties. Taking into account the proposed surgical procedure involving a carpal tunnel release and taking into account the lack of information regarding the

injured worker's clinical status, the request for 1 complete blood count is not medically necessary and appropriate.