

Case Number:	CM14-0101795		
Date Assigned:	07/30/2014	Date of Injury:	06/05/2012
Decision Date:	08/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/01/2014

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 44-year-old female who reported an injury on 06/05/2012. The mechanism of injury was not stated. The current diagnosis is right wrist carpal tunnel syndrome. The injured worker was evaluated on 05/15/2014. Physical examination revealed thenar atrophy of the right wrist, positive Tinel's and Phalen's testing, and positive Durkan's testing. Treatment recommendations at that time included a right wrist flexor tenosynovectomy with carpal tunnel release, decompression of the arterial palmar arch, neurolysis of the median nerve, tenolysis of the flexor tendons of the right wrist and hand, and fasciotomy of the right distal forearm antibrachial fascia. Preoperative laboratory testing, postoperative durable medical equipment, postoperative physical therapy, and postoperative medication was also recommended at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist flexor tenosynovectomy w/carpal tunnel release, decompression arterial arch (Palmer arch), neurolysis median nerve with use of 3.5x power lenses, tenolysis of flexor tendon right wrist, fasciotomy distal antibrachial fascia right wrist, and exploration with epineurolysis median nerve rig: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (updated 2/20/14).

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management including work site modification, and have clear clinical and special study evidence of a lesion. Carpal tunnel syndrome must be proved by positive findings on examination and supported by nerve conduction studies. There was no mention of an exhaustion of conservative treatment. There were also no imaging studies or electrodiagnostic reports submitted for this review. Therefore, the injured worker does not meet criteria for the requested procedure. As such, the request is non-certified.

Pre-op medical clearance EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 6/10/14), Preoperative electrocardiogram (ECG).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request for preoperative medical clearance is also not medically necessary. Therefore, the request is non-certified.

Pre-op medical clearance: PFT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 6/10/14), Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request for preoperative medical clearance is also not medically necessary. Therefore, the request is non-certified.

Pre-op medical clearance labs: CBC, PT, PTT, and Chem 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 6/10/14), Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request for preoperative medical clearance is also not medically necessary. Therefore, the request is non-certified.

Post-op physiotherapy 3x4 weeks, right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request for postoperative physical therapy is also not medically necessary. As such, the request is non-certified.

Post-op acupuncture 2x6 weeks, right wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request for postoperative physical therapy is also not medically necessary. As such, the request is non-certified.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 6/10/14), Opioids, Criteria for use and Opioids, specific drug list.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request for postoperative physical therapy is also not medically necessary. As such, the request is non-certified.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 6/10/14), Opioids, Criteria for use and Opioids, specific drug list.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request for postoperative physical therapy is also not medically necessary. As such, the request is non-certified.

TENS unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (updated 2/20/14), TENS (transcutaneous electrical neurostimulation).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request for postoperative physical therapy is also not medically necessary. As such, the request is non-certified.

Home exercise kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (updated 2/20/14), Exercises.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request for postoperative physical therapy is also not medically necessary. As such, the request is non-certified.

DVT compression pump: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand (updated 2/18/14), Vasopneumatic devices.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request for postoperative physical therapy is also not medically necessary. As such, the request is non-certified.

Wrist brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (updated 2/20/14), Splinting.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request for postoperative physical therapy is also not medically necessary. As such, the request is non-certified.

IFC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 6/10/14), Interferential current stimulation (ICS).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request for postoperative physical therapy is also not medically necessary. As such, the request is non-certified.

Smart glove: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (updated 2/20/14), Splinting.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request for postoperative physical therapy is also not medically necessary. As such, the request is non-certified.

Pre-op urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 6/10/14), Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request for postoperative physical therapy is also not medically necessary. As such, the request is non-certified.