

Case Number:	CM14-0103194		
Date Assigned:	07/30/2014	Date of Injury:	08/01/2010
Decision Date:	09/25/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/03/2014

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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The claimant is a 56-year-old who sustained injuries to the bilateral upper extremities as a result of repetitive job duties due to repetitive job stress on 06/01/10. The clinical records provided for review include the 06/18/14 progress report noting severe and chronic complaints of pain in the neck and persistent numbness into the right hand and digits. The report documents that the cortisone injection into the right carpal tunnel at the last visit did not provide any long term benefit. The report of the electrodiagnostic studies performed on 04/29/14 identified right carpal tunnel syndrome with no evidence of left sided carpal tunnel syndrome. Physical examination was documented to show a positive Tinel's, Phalen's and compression testing. Based on failed conservative care, operative intervention in the form of endoscopic right carpal tunnel release was recommended as well as postoperative physical therapy for 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Endoscopic Carpal Tunnel Release: Overturned

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): 265-270.

Decision rationale: California MTUS ACOEM Guidelines would recommend the request for a right endoscopic carpal tunnel release. The medical records meet the ACOEM Guidelines in that there are positive electrodiagnostic studies from April 2014 identifying the diagnosis of right carpal tunnel syndrome and the June 2014 examination revealed positive physical examination findings and the claimant has failed conservative care including a cortisone injection. Therefore, the ACOEM Guidelines are satisfied because there is correlation between examination findings and electrophysiological evidence for the diagnosis. Therefore this request is medically necessary.

Post Operative Physical Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Post-surgical Rehabilitative Guidelines recommend three to eight physical therapy sessions over a three to five week period following endoscopic carpal tunnel release. This request exceeds the standard guideline recommendation and cannot be recommended as medically necessary. There is no documentation in the records provided for review to explain why this claimant would be an exception to standard postoperative treatment. Therefore, this request is not medically necessary.