

Case Number:	CM14-0109364		
Date Assigned:	08/01/2014	Date of Injury:	03/16/2011
Decision Date:	09/10/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/14/2014

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 Hand Surgery, and is licensed to practice in Georgia and 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 51-year-old female who reported a work-related injury on 3/16/11. The mechanism of injury was cumulative trauma. Prior treatments included physical therapy and surgical intervention to the bilateral shoulders. The documentation of 6/12/14 revealed the injured worker had complaints of pain in her hands with numbness, burning and tingling. The physical examination of the hands revealed the injured worker had a positive Tinel's at the volar wrist crease and the Phalen's test was positive. The diagnoses included bilateral carpal tunnel syndrome. The treatment plan included staged bilateral carpal tunnel releases, as the injured worker had failed a long course of nonsurgical treatment including rest, therapy, medications and bracing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release: 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.

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 surgical consideration may be appropriate for injured workers who have a failure to respond to conservative management and have clear clinical and special study evidence of a lesion that has been shown to benefit in the short and long term from surgical intervention. Carpal tunnel syndrome must be proved by positive findings on clinical examination and supported by nerve condition studies. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination. There was documentation the injured worker had a failure to respond to conservative management. There were no nerve conduction studies submitted with the requested intervention. Given the above, the request for right carpal tunnel release is not medically necessary.

Sprix nasal spray, 15.75 mg: 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.

Post-operative physical therapy for right hand, 2 times per week for 4 weeks, Total: 8:
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.

Wrist 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.

Re-evaluation: 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.