

Case Number:	CM14-0014048		
Date Assigned:	02/26/2014	Date of Injury:	08/06/2010
Decision Date:	07/03/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/04/2014

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 is a 61 year old male who has reported bilateral upper extremity injuries. The clinical note dated 01/28/13 indicates the injured worker complaining of constant right elbow pain with associated numbness and electric type shock sensation shooting into the little finger. The injured worker also reported radiating pain up the arm all the way to the axillary area. The injured worker also underwent grip strength testing which revealed deficits on the right. The note indicates the injured worker having tenderness over the medial epicondyle and the right ulnar groove. The injured worker demonstrated sensory deficits in the right ulnar distribution. A positive Tinel's sign was also identified at the right elbow. Ranges of motion deficits were revealed throughout the right upper extremity to include flexion at 120 degrees, 60 degrees of supination, and 70 degrees of pronation. The clinical note dated 01/28/13 indicates the injured worker having previously been scheduled for a right ulnar nerve release. However, the injured worker's preoperative lab studies demonstrated a low platelet count and the surgery were postponed. The procedural note dated 02/14/13 indicates the injured worker undergoing a cubital tunnel release on the right. The clinical note dated 07/02/13 indicates the injured worker complaining of 5-6/10 pain at the right wrist. The injured worker located the pain at the wrist, index, middle, and ring fingers. The injured worker had also undergone a recent left toe amputation as well. There is an indication the injured worker has undergone a right sided carpal tunnel release in August of 2010 along with a Dupuytren's release as well. The clinical note dated 07/24/13 indicates the injured worker complaining of recurrent carpal tunnel syndrome symptoms on the right. The injured worker was being recommended for a carpal tunnel release on the right. The Qualified Medical Evaluation (QME) dated 06/25/13 indicates the injured worker having previously worked as an insurance specialist frequently involving the use of

computers and completing applications with a computer. The injured worker was recommended for electro diagnostic studies at that time.

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 Page(s): 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The request for a right carpal tunnel release is not medically necessary. The documentation indicates the injured worker complaining of right wrist pain. A carpal tunnel release is indicated for injured workers who have continued symptomology following a full course of conservative therapies and electrodiagnostic studies confirm the injured worker's significant findings as outlined by American College of Occupational and Environmental Medicine (ACOEM). No updated electro diagnostic studies were submitted for review confirming the injured worker's carpal tunnel syndrome symptoms. Additionally, it is unclear if the injured worker has completed any recent conservative treatments addressing the right wrist complaints as no information was submitted regarding the injured worker's completion of any formal therapy, injections, activity modifications, or the use of pharmacological interventions. Given these factors, the requested right carpal tunnel release is not medically necessary.

COLD COMPRESSION WRAP: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Chapter, Cold packs.

Decision rationale: Given the lack of medical necessity for the surgical request, the additional request for a cold compression wrap is rendered not medically necessary.

POST OPERATIVE WRIST BRACE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Chapter, Splinting.

Decision rationale: Given the lack of medical necessity for the surgery, the additional request for a postoperative wrist brace is not medically necessary.

POST OPERATIVE PHYSICAL THERAPY 2X4: 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 Postsurgical Treatment Guidelines Page(s): 14.

Decision rationale: Given the lack of medical necessity of the surgery, the additional request for postoperative physical therapy is not medically necessary.