

Case Number:	CM14-0017526		
Date Assigned:	04/25/2014	Date of Injury:	07/16/2012
Decision Date:	07/07/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/11/2014

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 Hand Surgery, and is licensed to practice in Oregon. 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 claimant sustained a slip and fall at work on 07/16/12 and fell on to the right side. The claimant remained symptomatic since that time about the back pain, right lower extremity pain, and an increase in neck pain. Presently, the claimant complains of numbness and tingling in both wrists/bands. The symptoms increase with grasping and repetitive or prolonged use. The claimant has weakness in grip strength and complains of pain in the neck, low back and right lower extremity. The claimant is currently not taking any medication. Examination of the bilateral upper extremities reveals radicular pain component, the right side more pronounced than the left, extending from the shoulder, elbow, and wrist, positive palmar compression test subsequent to Phalen's maneuver and reproducible symptomatology in the median nerve distribution with a positive Tinel's consistent with carpal tunnel syndrome. The provider recommends bilateral carpal tunnel releases, with the right side to be done first followed in six weeks by the left side. The provider notes that there is a need for pre-approval for DME and postoperative medication and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL CARPAL TUNNEL RELEASES, WITH THE RIGHT SIDE TO BE DONE FIRST, FOLLOWED IN SIX WEEKS ON THE LEFT SIDE.: 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 Page(s): 270.

Decision rationale: The carpal tunnel release is not medically necessary. According to the ACOEM guidelines, Chapter 11, page 270, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken." The records do not document the results of an upper extremity nerve conduction study.

POST-OPERATIVE REHAB AND GENTLE RANGE OF MOTION EXERCISES TO THE LEFT/RIGHT WRIST 3X A WEEK FOR 4 WEEKS WITH A RE-EVALUATION FOR CONTINUED THERAPY POST 12 VISTS IF NEEDED.: 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: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263.

Decision rationale: Per ACOEM: Comfort is often a patient's first concern. Nonprescription analgesics will provide sufficient pain relief for most patients with acute and subacute symptoms. If treatment response is inadequate (that is, if symptoms and activity limitations continue), prescribed pharmaceuticals or physical methods may be added. Clinicians should consider the presence of medical diseases such as diabetes, hypothyroidism, Vitamin B complex deficiency, and arthritis. Side effects, cost, and provider and patient preferences should guide the clinician's choice of recommendations. Initial treatment of CTS should include night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. For patients with mild-to-moderate CTS who opt for conservative treatment, studies show that corticosteroids may be of greater benefit than nonsteroidal anti-inflammatory drugs (NSAIDs), but side effects prevent their general recommendation. Vitamin B6 is often used in CTS when it is perceived to be deficient, but this practice is not consistently supported by the medical

evidence. The ACOEM guidelines support day splints but do not support use of a wrist sling. Moreover, the wrist sling is planned for postoperative care, and the procedure is not certified.

MEDICAL CLEARANCE: 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.