

Case Number:	CM14-0112229		
Date Assigned:	08/01/2014	Date of Injury:	09/30/2010
Decision Date:	10/03/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/18/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. 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 31 year-old female who was reportedly injured on 9/30/2010. The mechanism of injury is noted as a fall. The most recent progress note, dated 3/11/2014. Indicates that there are ongoing complaints of neck, right shoulder, low back and bilateral wrist pain. The physical examination demonstrated bilateral wrists: tenderness over the carpal canal positive sign thenar pillar pain. Range of motion muscle strength 4/5 equal bilaterally. The injured worker can make a full fist, some atrophy of the thenar eminence of the right thumb with decreased sensation to light touch. Diagnostic imaging studies mentioned an electromyography/nerve conduction study of the bilateral upper extremities which reveals severe carpal tunnel on the right and mild moderate on the left. Official report was unavailable for review. Previous treatment includes medications and conservative treatment. A request was made for carpal tunnel release, preoperative clearance, and was not certified in the pre-authorization process on 6/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal Tunnel Release: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270.

Decision rationale: The referenced guidelines support carpal tunnel release for patients with positive clinical findings of carpal tunnel syndrome and a positive electrodiagnostic study. Although the claimant has signs and symptoms consistent with carpal tunnel syndrome, their electrodiagnostic study was not submitted for review. There is also no indication that the claimant has failed conservative treatment. As such, the requested surgery is considered not medically necessary.

Pre-operative Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The Merck Manual. Preoperative Evaluation: Care of the Surgical Patient

Decision rationale: California Medical Treatment Utilization Schedule and Official Disability Guidelines do not specifically address this issue; therefore alternative medical references were used for citation. The Merck manual recommends preoperative clearance if an emergency procedure is required, preoperative evaluation must be rapid and is thus limited. In other cases, the surgical team may consult an internist to obtain a formal preoperative evaluation, which helps minimize risk by identifying correctable abnormalities and by determining whether additional monitoring is needed or whether a procedure should be delayed so that an underlying disorder (e.g., hypertension, hyperglycemia, hematologic abnormalities) can be controlled optimally. Routine preoperative evaluation varies substantially from patient to patient, depending on the patient's age, general health, and risks of the procedures. After review the medical records provided the injured workers requested surgical procedure has not been authorized at this time. Therefore the request for preoperative clearance is deemed not medically necessary.