

Case Number:	CM14-0125017		
Date Assigned:	08/11/2014	Date of Injury:	05/29/2012
Decision Date:	09/11/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/07/2014

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 claimant is a 50-year-old female who was injured 05/29/12. The mechanism of injury and the date of injury are unclear. There is current indication of right upper extremity complaints for which this claimant was status post a prior carpal tunnel release procedure. A 07/09/14 progress report indicated follow up of continued right upper extremity complaints with review of a recent MRI scan of the wrist showing tendinopathy to the distal extensor tendons with examination documenting no acute neurologic changes. Previously reviewed was a 07/08/14 electrodiagnostic test for which the claimant did not undergo or consent for the needle portion of the procedure. There was evidence of bilateral median nerve compression noted. It was stated that due to previous study of July 2012, however, it showed a marked improvement to the right median nerve.

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): 270-271, Postsurgical Treatment Guidelines.

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 11 Forearm, Wrist, and Hand Complaints, page 265. California ACOEM guidelines would not support the acute need of a carpal tunnel release procedure. CA MTUS states, "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 claimant's electrodiagnostic testing available for review indicates the claimant did not consent to the EMG portion of the examination with assessment of the right carpal tunnel showing it to be in "normal range" and significantly improved from prior preoperative studies of July 2012. Coupled with a lack of documentation and physical examination findings, the acute need of a carpal tunnel release procedure in this individual would thus not be considered medically necessary.

Post-Operative PT (Physical Therapy) or OT (Occupational Therapy) three times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.