

Case Number:	CM14-0125839		
Date Assigned:	08/13/2014	Date of Injury:	06/01/2012
Decision Date:	09/18/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/08/2014

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 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 46-year-old male who reported an injury on 01/06/2012 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his bilateral upper extremities. The injured worker was evaluated on 05/06/2014. It was noted that the injured worker had a history significant for right shoulder surgery. Physical findings included a positive carpal compression test and Tinel's sign on the right side greater than the left side, with mild tenderness over volar forearm and musculature with no subluxation of the ulnar nerve. The injured worker's diagnoses included bilateral carpal tunnel syndrome and a history of right shoulder impingement, status post decompression and possible biceps tendinopathy. The injured worker's treatment plan included bilateral carpal tunnel release to restore function to the injured worker's bilateral hands and increase ability to participate in activities of daily living. A Request for Authorization for bilateral carpal tunnel release was submitted on 05/06/2014 to support the request. The injured worker was evaluated on 07/28/2014. It was documented that the injured worker continued to work at full work duty status. It was noted that the injured worker complained about ongoing numbness and tingling of the bilateral hands, with pain levels reported at 3/10. It was noted that the injured worker complained of some night time awakening. However, this was treated with night time splinting. Objective findings included no atrophy in either upper extremity with a positive compression test and good range of motion of the bilateral upper extremities. The injured worker's diagnoses at that appointment included bilateral carpal tunnel syndrome to a moderate to severe level on electrodiagnostic testing. The injured worker's treatment plan continued to include surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Carpal tunnel syndrome procedure summary (updated 02/20/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The American College of Occupational and Environmental Medicine recommend surgical intervention for carpal tunnel syndrome be supported by significant functional deficits identified on physical examination consistent with pathology identified on an electrodiagnostic study. The clinical documentation submitted for review does indicate that the injured worker has a positive carpal compression test and Tinel's sign. However, a decrease in functionality is not supported, as the injured worker continues to work at full duty status. Additionally, it is noted that the injured worker underwent an electrodiagnostic study. However, the results of the study were not provided for review to support the request. As such, the requested Left Carpal Tunnel Release is not medically necessary or appropriate.

12 sessions of Post-Operative Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.