

Case Number:	CM14-0133514		
Date Assigned:	08/27/2014	Date of Injury:	07/05/2013
Decision Date:	10/03/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/21/2014

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 and Georgia. 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 60-year-old male who reported an injury on 07/05/2013. The mechanism of injury was not provided. On 06/11/2014, the injured worker presented with continued forearm pain and tightness in the right hand. Upon examination of the right hand there was full range of motion, positive Tinel's sign. The diagnosis was right carpal tunnel syndrome. The treatment included a carpal tunnel injection. Diagnostic studies included an EMG of the left hand that revealed mild to moderate carpal tunnel syndrome. The provider recommended a right carpal tunnel release and preop with CBC, UA, SMA 20 and an EKG. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release (RFA 8/15/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, updated 07/03/14.

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

Decision rationale: The request for Right carpal tunnel release (RFA 8/15/14) is not medically necessary. According to the California MTUS/ACOEM Guidelines, surgical decompression of the median nerve usually relieves carpal tunnel syndrome symptoms. High quality scientific evidence shows success in the majority of the injured workers with an electrodiagnostically-confirmed diagnosis of carpal tunnel syndrome. Surgical considerations depend on confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks, and benefits, and especially expectations, is very important. If there is no clear indication for surgery, referring the injured worker to a physical medicine practitioner may aid in formulating a treatment plan. The injured worker must have had red flags of a serious nature needing to be addressed, failure to respond to conservative treatment, including medication and physical medicine, and clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. There is a lack of documentation of other treatments the injured worker underwent and the efficacy of the prior treatments. The physical examination findings revealed full range of motion to the right wrist and a positive Tinels. Diagnostic studies included an EMG of the left hand that revealed mild to moderate carpal tunnel syndrome. As such, medical necessity has not been established.

Pre-op with CBC, UA, SMA20, EKG (RFA 8/15/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, updated 07/03/14.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.