

Case Number:	CM14-0136868		
Date Assigned:	09/10/2014	Date of Injury:	12/01/2012
Decision Date:	10/07/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/25/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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 33-year-old woman with a history of successful right carpal tunnel release who fell on Dec 1, 2012, injuring her left thumb, hand, and wrist. She was treated with modified duty, a splint, an injection, therapy, and medications. She still complained of progressively worsening left wrist pain, and weakness and numbness in several left fingers, and dropping objects with her left hand. There is mention of her having electromyography studies more than one year ago.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT CARPAL TUNNEL RELEASE WITH LEFT WRIST FLEXOR

TENOSYNOVECTOMY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Carpal Tunnel Syndrome (Acute & Chronic), Carpal tunnel release surgery (CTR)

Decision rationale: Per the Official Disability Guidelines, Carpal tunnel release surgery is recommended after an accurate diagnosis of moderate or severe carpal tunnel syndrome. Surgery

is not generally initially indicated for mild carpal tunnel syndrome, unless symptoms persist after conservative treatment. Indications for Carpal Tunnel Release Surgery include positive electrodiagnostic testing as one of the indications that need to be met. It is stated that this injured worker has had electrodiagnostic studies, but there is no documentation of what the result of those studies are. There is no indication of whether the injured worker had relief with her previous injection. There is no recommendation for tenosynovectomy. Therefore this request is not medically necessary.

POST-OP OT 3X4: 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.

CEPHALEXIN 500MG 1 TAB PO EVERY 6 HOURS X7 DAYS #30 0 REFILL: 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.

NORCO 10-325MG 1 TAB PO EVERY 4-6 HOURS PRN PAIN #90 1 REFILL: 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.

CUSTOM SHORT ARM SPLINT: 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.

COLD THERAPY UNIT 30 DAYS: 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.

CONTINUOUS PASSIVE MOTION 30 DAYS: 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.