

Case Number:	CM14-0139017		
Date Assigned:	09/05/2014	Date of Injury:	10/15/2012
Decision Date:	10/03/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/27/2014

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 38-year-old, injured in a work related accident on 10/15/12. The medical records provided for review pertaining to the claimant's right upper extremity include the report of an electrodiagnostic study dated 07/16/14 described as an abnormal study showing evidence of residual right median nerve entrapment consistent with prior surgical release. The claimant is noted to be status post carpal tunnel release surgery in 2013. Physical examination findings on 07/15/14 showed a healed surgical scar, positive Tinel's testing over the Guyon's canal and the carpal tunnel. There was no documentation of recent conservative care. It was documented that the claimant was not working. Based on the results of the electrodiagnostic studies, the recommendation for revision carpal tunnel release with ulnar Guyon's canal decompression was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat right carpal tunnel release with decompression of Ulnar Guyons Canal: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupation and Environmental Medicine (ACOEM) California Guidelines Plus. Web-based version, Carpal Tunnel Syndrome

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

Decision rationale: Based on California ACOEM Guidelines, the request for repeat right carpal tunnel release with decompression of ulnar Guyon's Canal cannot be recommended as medically necessary. ACOEM Guidelines recommend that carpal tunnel syndrome must be proven by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. The claimant's recent electrodiagnostic studies show residual findings at the carpal tunnel highly consistent with postsurgical changes. There is no indication of acute compressive pathology or documentation of recent treatment. Without clinical correlation of the carpal tunnel diagnosis on electrodiagnostic testing, the proposed surgery is not medically necessary.

Post-operative physical therapy x 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for repeat right carpal tunnel release with decompression of ulnar Guyon's Canal cannot be recommended as medically necessary. Therefore, the request for postoperative physical therapy is also not medically necessary.