

Case Number:	CM14-0141252		
Date Assigned:	09/10/2014	Date of Injury:	06/05/2011
Decision Date:	11/03/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	09/02/2014

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:

This claimant is a 61-year old female who developed bilateral upper extremity complaints as a result of an injury on 06/05/11. Medical records provided for review that pertain to the claimant's left upper extremity included the progress report dated 03/23/14 that documented a diagnosis of bilateral carpal tunnel syndrome, status post a three-level anterior cervical discectomy and fusion from C4 through C7. Physical examination findings on that date showed restricted left grip strength compared to the right; the left grip was documented as zero. There was no documentation of any neurologic findings although the claimant was diagnosed with bilateral carpal tunnel syndrome. There was no documentation of finger or digit complaints, triggering or tenderness noted on examination of the digits. The results of the electrodiagnostic studies dated 09/12/13 showed mild left carpal tunnel syndrome and moderate right carpal tunnel syndrome. Based on failed conservative care, the recommendation was made for a Corticosteroid injection to the claimant's left middle digit and a left open carpal tunnel release procedure, preoperative labs and medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open left Carpal Tunnel Release: 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), Surgery, Carpal Tunnel Release

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 left open carpal tunnel release surgery would not be indicated. The medical records provided for review do not contain documentation of formal physical examination findings of carpal tunnel syndrome on examination. This is taking into account the fact that the claimant is also status post a prior multi-level cervical fusion which could mimic hand findings compatible with carpal tunnel syndrome. Without clear clinical correlation of physical examination findings to clinically correlate with the claimant's electrodiagnostic testing as recommended by ACOEM Guidelines, the proposed surgery for Open Left Carpal Tunnel Release cannot be recommended as medically necessary.

Cortisone injection left middle finger: 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)

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

Decision rationale: The California ACOEM Guidelines would not support the request for a Cortisone injection to the left middle finger. While Corticosteroid injections can be performed at the tendon sheaths or in situations involving carpal tunnel syndrome, there is no formal physical examination findings of the claimant's hand or digits available for review to support the need for the injection. Without documentation of objective findings on examination that correlate with subjective complains, the request for this injection technique would not be medically necessary.

Preop labs/clearance: 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)

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.