

Case Number:	CM14-0150054		
Date Assigned:	09/18/2014	Date of Injury:	05/21/2014
Decision Date:	10/20/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/15/2014

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 Orthopaedic 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 77-year-old female reported an industrial injury on 5/21/14. The mechanism of injury was not documented. The 6/2/14 urgent care chart note documented a sudden onset of bilateral moderate hand joint pain one month ago, which was worse with movement. Stiffness was greater in the morning. Physical exam documented tenderness to palpation over the 5th metocarpophalangeal joint, left wrist swelling, erythema, and decreased bilateral wrist range of motion. The patient was unable to make a fist or do Finkelstein's test on the left hand secondary to pain. The diagnosis was joint pain. The treatment plan recommended lab testing, Neurontin, Ibuprofen, and follow-up with primary care physician. Lab testing indicated that uric acid, BUN, creatinine, and sedimentation rate were all elevated. The 6/8/14 emergency department report cited bilateral wrist pain. She reported that she woke up with left wrist pain one morning, with the subsequent onset of right wrist pain. The patient was using Pennsaid lotion and had tried gabapentin without relief. Work duties included computer work 9.5 to 10 hours a day, 5 days a week. Physical exam documented positive Tinel's and Phalen's tests and painful bilateral wrist range of motion. Bilateral wrist x-ray findings documented no acute soft tissue changes and no evidence of fracture. She was given a Toradol injection with marked improvement in right wrist pain and resolved left wrist pain. Her symptoms were consistent with carpal tunnel syndrome. Wrist splints were dispensed. The 8/26/14 utilization review denied the request for bilateral carpal tunnel release, assistant surgeon, and physical therapy 3x4. There was no rationale for this decision provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel release outpatient within MPN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. Guideline criteria have not been met. There is no evidence that nerve conduction testing has been accomplished and showed carpal tunnel syndrome. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including worksite modification, and failure has not been submitted. Therefore, this request is not medically necessary.

Right carpal tunnel release outpatient within MPN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. Guideline criteria have not been met. There is no evidence that nerve conduction testing has been accomplished and showed carpal tunnel syndrome. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including worksite modification, and failure has not been submitted. Therefore, this request is not medically necessary.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Centers for Medicare and Medicaid services, Physician Fee Schedule

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Physical therapy 3 x week x 4 weeks post-op: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): page(s) 15-16.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.