

Case Number:	CM14-0159853		
Date Assigned:	10/03/2014	Date of Injury:	10/07/2013
Decision Date:	12/10/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/29/2014

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. 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 56-year-old female who reported an injury on 01/07/2013. The mechanism of injury was not submitted for clinical review. The diagnoses included carpal tunnel syndrome and osteoarthritis of the hand. The previous treatments included medication, physical therapy, cortisone injections. Diagnostic testing included an EMG/NCV, which revealed to be normal. Within the clinical note dated 08/20/2014, it was reported the injured worker followed up after receiving cortisone injections in both carpal tunnels. She reported only getting 1 week of relief from injections. Upon the physical examination, it was indicated the injured worker had positive compression test, paresthesia along the median nerve course and numbness. There was a positive Phalen's sign with a positive Tinel's sign on the median nerve at the wrist. It was recommended the injured worker continuing bracing and home exercise. The provider requested carpal tunnel release surgery. However a rationale was not submitted for review. The Request for Authorization was submitted; however, it was not dated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release: 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), Carpal Tunnel Syndrome, Carpal Tunnel Release Surgery

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 is not medically necessary. The California MTUS Guidelines surgical consideration is indicated for patients who have red flags of serious nature, failed to respond to conservative management, including work site modifications, clear clinical and special study evidence of a lesion that has been shown to benefit in both and short long term from surgical intervention. In regards to carpal tunnel syndrome, surgical decompression of a median nerve usually relieves carpal tunnel syndrome. It shows success rate of the majority of patients with electrodiagnostically confirmed diagnosis of carpal tunnel syndrome. Carpal tunnel syndrome must be proved by positive exam findings on clinical examination and the diagnosis should be supported by nerve conduction test before surgery is undertaken. The clinical documentation submitted indicated the injured worker had objective findings of positive carpal compression, Phalen's and Tinel's signs on the physical examination. However, the clinical documentation submitted of the nerve conduction study, did not corroborate the diagnosis of carpal tunnel syndrome. It was noted to be a normal examination. Therefore, the request is not medically necessary.

Postoperative physical therapy 2x week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

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.