

Case Number:	CM14-0167237		
Date Assigned:	10/14/2014	Date of Injury:	07/19/2012
Decision Date:	12/08/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/10/2014

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 & Hand 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 61-year-old male who reported an injury on 07/19/2012. The mechanism of injury was cumulative trauma. The conservative care included acupuncture. The surgical history included a C3-C5 fusion in 2012. The documentation of 08/14/2014 revealed the injured worker had a positive Spurling's test and decreased sensation and active range of motion. The injured worker had a positive Tinel's and Phalen's in the right wrist. The injured worker had decreased sensation in the medial nerve. The injured worker had atrophy at the thenar eminence. The diagnoses included lumbar spine sprain and strain with bilateral lower extremity radiculopathy, carpal tunnel syndrome, and the injured worker was diagnosed with positive findings on nerve conduction/EMG. The treatment plan included right carpal tunnel release and a cervical spine CT myelogram. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Myelogram of the neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that the criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, and a failure to progress in a strengthening program intended to avoid surgery, as well as clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory testing or bone scans. Additionally, they indicate that myelography is not recommended to identify physiologic insult. It is recommended to identify anatomic defects. The clinical documentation submitted for review failed to provide a documented rationale for the request. There was a lack of documentation indicating prior studies, including x-rays, to support the necessity for further studies. Given the above, the request for CT myelogram of the neck is not medically necessary.

Right Carpal Tunnel Release: Upheld

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

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

Decision rationale: The American College of Occupational and Environmental Medicine indicates that a surgical consultation may be appropriate for the injured worker who has red flags of a serious nature, a failure to respond to conservative treatment, and who has clear, clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. Additionally, carpal tunnel syndrome must be proved by positive findings on clinical examination that is supported by nerve conduction studies before surgery is undertaken. The clinical documentation submitted for review indicated the injured worker had positive findings upon physical examination. The documentation further indicated the injured worker had a positive EMG/NCV. However, the official report was not provided for review. There was a lack of documentation of a failure of conservative care including job site modifications. Given the above, the request for right carpal tunnel release is not medically necessary.

Pre-Op Clearance: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Pre-Op Physical Therapy: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.