

Case Number:	CM14-0184887		
Date Assigned:	11/12/2014	Date of Injury:	11/20/2009
Decision Date:	12/15/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/06/2014

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 New York. 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 patient has a date of injury of November 20, 2009. The patient reports bilateral wrist pain with numbness and tingling in the hands. Patient also reports decreased grip strength and inability perform fine motor manipulation. A physical examination shows spasms tenderness and guarding to palpation of the lumbar spine. Bilateral wrist examination shows positive Phalen's and positive reverse Phalen sign. There is decreased grip strength bilaterally. There is tenderness of the distal radius and decreased 2. Discrimination noted over both hands. Most recent neurodiagnostic studies from 2011 show mild bilateral carpal tunnel syndrome. The patient has been taking Gabapentin. At issue is whether carpal tunnel surgeries medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery of the left wrist carpal tunnel release: 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: MTUS Hand Chapter, ODG and Chapter

Decision rationale: This patient does not meet established criteria for carpal tunnel syndrome surgery at this time. Specifically the medical records do not document an adequate trial and failure of conservative measures for carpal tunnel syndrome. There is no documentation a recent trial of splinting. There is no documentation a recent trial of carpal tunnel injection. Neurophysiologic testing is non-conclusive showing severe carpal tunnel syndrome. Criteria for carpal tunnel syndrome surgery not met. As such the case is not medically necessary.

Pre-op medical evaluation: 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: Since surgery is not medically necessary, then all other associated items are not needed.

Laboratory tests: 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: Since surgery is not medically necessary, then all other associated items are not needed.

Right carpal tunnel release: 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: MTUS hand pain chapter, ODG hand chapter

Decision rationale: This patient does not meet established criteria for carpal tunnel syndrome surgery at this time. Specifically the medical records do not document an adequate trial and failure of conservative measures for carpal tunnel syndrome. There is no documentation a recent trial of splinting. There is no documentation a recent trial of carpal tunnel injection. Neurophysiologic testing is non-conclusive showing severe carpal tunnel syndrome. Criteria for carpal tunnel syndrome surgery not met. As such the request is not medically necessary.

Chest X-ray: 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: Since surgery is not medically necessary, then all other associated items are not needed.