MAXIMUS Federal Services

Case Number:	CM14-0185962		
Date Assigned:	11/13/2014	Date of Injury:	10/26/2012
Decision Date:	12/31/2014	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/07/2014

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 Minnesota. 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 66 year old male with a history of neck pain, low back pain, and numbness/tingling of both hands, right more than left. There is a history of prior right carpal tunnel release in 1998. A neurology consultation of September 15, 2014 revealed intact sharp sensation in the right hand except it was diminished in the third finger. EMG and nerve conduction studies were performed. The distal motor latency of the right median nerve was 4 msec with the normal being up to 4.3 msec. The sensory latency was 3.7 msec which is the upper limit of normal. Specific other testing revealed no fibrillations in the opponens pollicis. The impression was possible recurrent carpal tunnel syndrome with significant slowing of median nerve conduction. The prior nerve conduction study from 1998 was not available for comparison. The disputed issues pertain to a request for a redo right carpal tunnel release and ancillary services. UR non-certified the request for lack of a carpal tunnel injection and 2 point discrimination or Semmes Weinstein testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat right Carpal Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Release

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260,261,262,270.

Decision rationale: The California MTUS guidelines indicate the diagnosis must be supported by nerve conduction studies before surgery is undertaken. The negative electromyography of the opponens pollicis and the normal sensory and motor distal median latencies do not support the indication for a redo carpal tunnel release. The Neurology diagnosis of possible recurrent carpal tunnel syndrome or residuals of the prior carpal tunnel release of 1998 but not a definitive diagnosis, in the presence of neck pain and radicular symptoms does not constitute enough indications for a redo carpal tunnel release. The request for a redo carpal tunnel release is therefore not medically necessary per guidelines.

DME Sling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder for Sling

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

Decision rationale: The surgery is not medically necessary. Therefore the request for a sling is also not medically necessary.

Twelve sessions of post op Physical Therapy (2x 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 16, 22. 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): 270.

Decision rationale: The requested surgery is not medically necessary. Therefore the request for post-operative physical therapy is not medically necessary.

Post Op Norco 10/325 #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-88.

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

Decision rationale: The requested surgery is not medically necessary. Therefore the request for Norco 10/325 # 100 is also not medically necessary.