

Case Number:	CM14-0020641		
Date Assigned:	04/30/2014	Date of Injury:	08/23/2012
Decision Date:	07/11/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/19/2014

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 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:

The patient is an employee of [REDACTED] and has submitted a claim for bilateral wrist/hand pain associated with an industrial injury date of August 23, 2012. Treatment to date has included medications and wrist braces. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of intermittent bilateral wrist/hand numbness and tingling. On physical examination, there were positive Tinel's and Phalen's tests. Utilization review from January 27, 2014 denied the request for left carpal tunnel release because there was no electrodiagnostic study of the left upper extremity provided and there has been no detailed documentation of the extent and timeframe of conservative care; and pre-op CBC, pre-op UA testing, pre-op CMP, pre-op EKG, and pre-op UCG because the surgical procedure was not authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT CARPAL TUNNEL RELEASE: 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): 270-271.

Decision rationale: According to pages 270-271 of the ACOEM Practice Guidelines as referenced by CA MTUS, referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature or have failed to respond to conservative management, including worksite modifications. In addition, guidelines state that before surgical decompression of the median nerve is undertaken, carpal tunnel syndrome (CTS) must be proven by positive findings on clinical examination and the diagnosis should be supported by nerve conduction tests. In this case, a request for left carpal tunnel release surgery was made on the basis of failure of conservative treatment and a positive EMG/NCS. However, the medical records failed to show evidence of trial and failure of conservative management such as activity modification or home exercise training. Furthermore, in an appeal dated February 20, 2014, the requesting physician noted that he did not have access to the EMG/NCS and simply relied on the report of a chiropractor who indicated that the patient had a positive EMG/NCS of the left upper extremity. Thus, the date of service and the exact findings of the said EMG/NCS are unknown. Guidelines clearly state that CTS must be proven with nerve conduction tests before surgery is undertaken; thus, merely relying on a second hand report is insufficient. Therefore, the request for LEFT CARPAL TUNNEL RELEASE is not medically necessary.

PRE-OP CBC: 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.

PRE-OP UA TESTING: 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.

PRE-OP CMP: 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.

PRE-OP EKG: 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.

PRE-OP UCG: 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.