

Case Number:	CM14-0022013		
Date Assigned:	05/05/2014	Date of Injury:	01/30/2004
Decision Date:	07/09/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/20/2014

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 claimant is a 60-year-old who was injured in a work related accident on January 30, 2004. The records specific to the claimant's left upper extremity include an November 25, 2013 progress report documenting subjective complaints of bilateral hand pain; the left hand had chronic complaints of pain and numbness occurring on a daily basis. Objectively, there was limited range of motion of the bilateral wrists with stiffness, but no other specific findings were documented. The diagnosis was CMC joint inflammation of the thumb status post left CMC joint arthroplasty. There was also a diagnosis of bilateral carpal tunnel syndrome status post right carpal tunnel release. The recommendation was for left carpal tunnel release and a release of an "A1 pulley" for the claimant's continued thumb complaints. The electrodiagnostic studies of April 25, 2014 showed chronic median neuropathy at the wrist on the right; there was no documentation that the left upper extremity was evaluated at that time. There was documentation in the records of a March 7, 2012 electrodiagnostic study that showed sensory and motor latency, but no formal diagnosis of carpal tunnel syndrome. The formal report was not made available for review.

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: 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): 265, 270.

Decision rationale: The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines do not support the medical necessity of a left carpal tunnel release. This individual's physical examination is not consistent with carpal tunnel syndrome as there are no formal clinical findings noted at the last assessment for review. Furthermore, there is no formal electrodiagnostic studies demonstrating neural compressive pathology to support an acute need of a left carpal tunnel release procedure at this time. Therefore, based on the Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines recommendation that carpal tunnel syndrome should be proven by positive findings on clinical examination and supported by nerve-conduction tests before surgery is undertaken, the proposed surgery is not medically necessary. The request for a left carpal tunnel release is not medically necessary or appropriate.

PREOPERATIVE CLEARANCE INCLUDE: H & p, CBC,CMP, EKG, 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.

DME: POLAR CARE UNIT RENTAL X 21 DAYS: 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.

DME: SLING: 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.

AMOXICILLIN 875MG #20: 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.

ZOFRAN 8MG #20: 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.

NEURONTIN 600MG #180: 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.

REJUVENESS 1 SILICONE SHEETING: 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.

A1 PULLEY GENERAL ANESTHESIA: 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): 271.

Decision rationale: The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines currently would not support a trigger finger or A1 pulley release. The claimant's clinical picture is consistent with pain with no formal physical examination findings indicative of a trigger finger. There is also no indication of recent treatment in regards to a diagnosis of stenosing tenosynovitis that would support the role of an A1 pulley release. Anesthesia would also not be necessary in light of the fact the surgical procedure is not medically necessary. The request for A1 pulley general anesthesia is not medically necessary or appropriate.